



## Request For Redaction of Exempt Personal Information From Public Records

I am filing this request to remove information from public inspection in the Indian River County Official Records in accordance with §119.071, F.S. I hereby swear or affirm that the following information is true and correct.

I attest that I am an individual covered under §119.071, F.S. as, check the appropriate item (only one):

- current or  former  
 spouse of a current or  spouse of a former  
 child of a current or  child of a former

### WARNING

As of July 1, 2019, the definition of home address has been expanded to include the parcel identification number and legal description. Removing this information from the public records may result in unintended consequences, such as the inability to prove ownership of your property. While you are entitled to this exemption, know that you are effectively removing this information from the Official Records.

By submitting this form, you are requesting that the Indian River County Clerk of Court **permanently redact** your home address (including legal description), telephone number, date of birth, photographs, name of spouse and children (only if you provide their names below), place of employment of spouse and children, name and location of school and day care facilities attended by children of the below personnel as stated in Chapter 119.071 F.S. from the public records submitted with or stated on page 2 of this request.

- Child advocacy center director, manager, supervisor, clinical employee of [FS 119.071(4)(d)2.t.] (eff. 7/1/18)
- Law enforcement officers or civilian staff, correctional and correctional probation officers [FS 119.071(4)(d)2.a.]
- Dept of Children and Family investigator [FS 119.071(4)(d)2.a.]
- Dept of Health investigator of child abuse or neglect [FS 119.071(4)(d)2.a.]
- Dept of Revenue or local government child support collection/enforcement personnel [FS 119.071(4)(d)2.a.]
- Florida Department of Financial Services investigative personnel [FS 119.071(4)(d)2.b.]
- Office of Financial Regulation's Bureau of Financial Investigations investigative personnel [F.S 119.071(4)(d)2.c.]
- Firefighter [FS 119.071(4)(d)2.d.]
- Justice or judge [FS 119.071(4)(d)2.e.]
- State attorney and ASAs [FS 119.071(4)(d)2.f.]
- Statewide prosecutor and asst. statewide prosecutors [FS 119.071(4)(d)2.f.]
- General or Special Magistrate [FS 119.071(4)(d)2.g.]
- Judge of Compensation Claims, Administrative Law Judge [FS 119.071(4)(d)2.g.]
- Child Support Hearing Officer [FS 119.071(4)(d)2.g.]
- Local Govt. or Water Mgt. District Human resources manager/assistant manager [FS 119.071(4)(d)2.h.]
- Local Govt. or Water Mgt. District Labor or employee relations manager/assistant manager [FS 119.071(4)(d)2.h.]
- Code enforcement officer [FS 119.071(4)(d)2.i.]
- Guardian ad litem [FS 119.071(4)(d)2.j.]
- Juvenile probation/detention officer, house parent, therapy provider, counselor and their supervisors [FS 119.071(4)(d)2.k.]
- Public Defender and APDs [FS 119.071(4)(d)2.l.]
- Criminal conflict counsel and civil regional counsel [FS 119.071(4)(d)2.l.]
- Dept of Business Regulation investigators and inspectors [FS 119.071(4)(d)2.m.]
- Tax collectors (current only) [FS 119.071(4)(d)2.n.]
- Dept of Health personnel involved in eligibility, investigation, prosecution, and inspection [FS 119.071(4)(d)2.o.]
- Impaired practitioner consultants retained by an agency [FS 119.071(4)(d)2.p.]
- Emergency medical technician or paramedic [FS 119.071(4)(d)2.q.]
- Agency inspector general office or internal audit department employees with auditing or potential criminal investigating or disciplinary duties [FS 119.071(4)(d)2.r.]
- Member of US Armed Forces, reserve, or National Guard, who served after 9/11/01 [FS 119.071(5)(k)1.]
- Private Investigative, Private Security, and Repossession Services- Class "C", "CC", "E", "EE" Security Licensee [FS 493.6122]

By submitting this form, you are requesting that the Indian River County Clerk of Court **permanently redact** your home address (including legal description), telephone number, date of birth, photographs, place of employment of spouse and children, name and location of school and day care facilities attended by children as stated in Chapter 119.071 F.S. The name of your spouse and/or children are not exempt.

- Victim of violent crime [FS 119.071(2)(h)1]
- Victim of an incident of mass violence [FS 119.071(2)(o)]
- Victim of Domestic Violence participating in the Address Confidentiality Program [FS 741.465]
- Addiction treatment facility director, manager, supervisor, nurse, or clinical employee [FS 119.071(4)(d)2.s.] (eff. 7/1/18)
- U.S. Attorney and AUSAs [FS 119.071(5)(i)1.]
- U.S. Judge or U.S. Magistrate [FS 119.071(5)(i)1.]



**AGREEMENT**

This request for removal of information from public inspection is itself to be kept confidential. It may only be used by the Indian River County Clerk of Court's staff in order to process my request.

I agree to indemnify and hold blameless the Indian River County Clerk of Court's staff for actions or reactions that may be the direct or indirect result of my request. Further, I agree to personally identify those documents of record pertaining to me. **Note:** Other governmental agencies may wish to contact you in regard to actions that pertain to, or affect, your property or property rights. The Indian River County Clerk of Court requires your permission before forwarding your mailing address to these governmental agencies:

Select **one** of the following:

YES  I authorize the Indian River County Clerk of Court to release my mailing address to other governmental agencies.

NO  I do not authorize the Indian River County Clerk of Court to release my mailing address to other governmental agencies with the exception of the Property Appraiser and Tax Collector for the purpose of mailing tax statements.

**Signature: Please sign your full name in the box below. If you are submitting this form electronically, typing your name in the space below will be considered an "electronic signature".**

Name:

Date:

**NOTARY ACKNOWLEDGEMENT**

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me on \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_,  
who is \_\_\_\_\_ personally known, OR who \_\_\_\_\_ produced identification. Type of identification produced/ID \_\_\_\_\_  
# \_\_\_\_\_.

[SEAL]

\_\_\_\_\_  
Notary Public, State of Florida

\_\_\_\_\_  
(Print, type or stamp commissioned name of Notary)  
My Commission Expires:

OR



JEFFREY R. SMITH  
CLERK OF THE CIRCUIT COURT

By: \_\_\_\_\_  
Deputy Clerk