Ryan L. Butler
INDIAN RIVER COUNTY
CLERK OF CIRCUIT COURT AND COMPTROLLER

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. , or other applicable statutes.

I attest that I am an individual entitled to a public records exemption. Check the appropriate item (only one):

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

Warning

The definition of home address includes the parcel identification number and legal description. Redacting this information from the public records may result in unintended consequences, such as the inability to prove ownership of your property.

By submitting this form, you are requesting that the Indian River County Clerk of Court redact your home address (including legal description), telephone number, date of birth, photographs, names of spouse and children, places of employment of spouse and children, and names and locations of school and day care facilities attended by children of the below personnel from the public records submitted with or stated on page 3 of this request.

- ❑ Agency inspector general or internal audit department employees with auditing or potential criminal investigation or disciplinary duties [FS 119.071(4)(d)2.r.]
- ❑ Child advocacy center director, manager, supervisor, clinical employee [FS 119.071(4)(d)2.t.]
- ❑ Code enforcement officer [FS 119.071(4)(d)2.i.]
- ❑ County addiction treatment facility directors, managers, supervisors, nurses, and clinical employees [FS 117.071(4)(d)2.s.]
- ❑ DBPR investigators and inspectors [FS 119.071(4)(d)2.m.]
- ❑ DCF or DOH investigator of child abuse or neglect [FS 119.071(4)(d)2.a.]
- ❑ DFS investigative personnel [FS 119.071(4)(d)2.b.]
- ❑ DOH personnel involved in eligibility, investigation, prosecution, and inspection [FS 119.071(4)(d)2.o.]
- ❑ DOR or local government child support collection/enforcement personnel [FS 119.071(4)(d)2.a.]
- ❑ EMT or paramedic [FS 119.071(4)(d)2.q.]
- ❑ Firefighter [FS 119.071(4)(d)2.d.]
- ❑ General or Special Magistrate, Judge of Compensation Claims, Administrative Law Judge, Child Support Hearing Officer [FS 119.071(4)(d)2.g.] **(Only applies to current officials)**
- ❑ Guardian ad litem [FS 119.071d)2.j.]
- ❑ Hospital or ambulatory surgical center employees who provide direct patient care or security services [FS 395.3025(10)]
- ❑ Human resources or labor or employee relations manager/assistant manager for local government or water management district [FS 119.071(4)(d)2.h.]
- ❑ Impaired practitioner consultants retained by an agency [FS 119.071(4)(d)2.p.]
- ❑ Justice or Judge [FS 119.071(4)(d)2.e.]
- ❑ Juvenile Probation/Detention Officer, house parent, therapy provider, counselor, and their supervisors [FS 119.071(4)(d)2.k.]
- ❑ Law enforcement officers or civilian staff, correctional and correctional probation officers [FS 119.071(4)(d)2.a.]
- ❑ Office of Financial Regulation's Bureau of Financial Investigations investigative personnel [FS 119.071(4)(d)2.c.]
- ❑ Public Defender and APD's, Criminal Conflict and Civil Regional Counsel and assistants [FS 119.071(4)(d)2.l.]
- ❑ Public Guardians and employees with fiduciary responsibilities [FS 744.21031]
- ❑ State attorney, Statewide prosecutor, ASWP's, and ASA's [FS 119.071(4)(d)2.f.]
- ❑ Tax collectors [FS 119.071(4)(d)2.n.] **(Only applies to current officials)**

Additional Redaction Requests

❒Victim of an incident of mass violence [FS 119.071(2)(o)]

This request redacts your home address (including legal description).

❒Victim of child abuse, human trafficking (if under 18), or any sexual offense [FS 119.071(2)(h)1]

This request redacts any information that reveals your identity contained in criminal investigative or criminal intelligence information.

❒Victim of Domestic Violence participating in the Address Confidentiality Program [FS 741.465]

This request redacts your home address (including legal description) and any telephone number.

❒Victim of a crime [FS 119.071(2)(j)1.]

This request redacts from a document identifying you as a victim of a crime your home address (including legal description), employment address, telephone number, and information regarding your personal assets.

❒Victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence [FS 119.071(2)(j)1.]

This request redacts from a document your home or employment telephone number, home or employment address, or personal assets. You must provide official verification that an applicable crime has occurred. Such information shall cease to be exempt 5 years after the receipt of your written request.

INFORMATION TO BE REDACTED

You must specify the Official Records book and page number, instrument number, or clerk's file number of each document for which you claim an exemption:

Book and Page Number	OR	Instrument or clerk's file number
_____/_____		_____
_____/_____		_____
_____/_____		_____
_____/_____		_____
_____/_____		_____
_____/_____		_____
_____/_____		_____
_____/_____		_____

Please identify the information for which you are seeking an exemption:

Name: _____ Date of Birth: _____

Name of Spouse: _____ Date of Birth: _____

Name of Child:	Date of Birth:	Name of Dependent:	Date of Birth:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Home address(es) (including physical address, mailing address, street address, parcel identification number, plot identification number, legal property description, neighborhood name and lot number, GPS coordinates, other descriptive property information that may reveal home address.)

_____

_____

_____

Place of Employment of Spouse, Child, or Dependent: _____

_____

Name and Location of School/Daycare Facility of Spouse, Child, or Dependent: _____

_____

Telephone Numbers: _____

Personal Assets: _____

_____

_____

Other Exempt Information: _____

_____

I swear or affirm that the information in this request is true and correct, and that I am eligible for the exemption(s) noted on pages 1 and 2 of this request.

Signature: _____ Date: _____

Notary Acknowledgment

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 _____
#_____.

_____
Notary Public, State of Florida

[SEAL]

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

OR

Ryan L. Butler
CLERK OF THE CIRCUIT COURT

By: _____
Deputy Clerk

Any person making a false statement under oath, which he or she does not believe to be true, is subject to criminal penalties for perjury, in violation of Florida Statute 837.012.

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