



FLORIDA DEPARTMENT OF STATE

PUBLIC RECORDS EXEMPTION REQUEST (REV. 08/2021)

Florida law allows certain persons to request that an agency not publicly disclose specific identification and/or location information contained in any of its agency records. Please refer to sections 119.071(2)(j), (4)(d), and (5)(i), 265.605, and 267.17, Fla. Stat., or other applicable statute for scope of protection which may include home address, phone numbers, photos, name of spouse and/or children, and their place of employment, and/or school or daycare care facility, and date of birth.

To request the exemption for information contained within records of the Department of State, please complete the form and return to: Secretary of State, c/o Public Records Custodian Director, R.A. Gray Building, 500 S. Bronough St., Tallahassee, FL 32399. For more information, contact 850-245-6536.

To request the claim for exemption extend to your spouse and/or children (not applicable for donor* or victim* exemptions) please submit a separate sheet with the name, date of birth, and relationship for purposes of identifying them in any public records within the custody of the Department. (If you have attached supplemental pages check here)

In order to process this request for any of your records that may be in the Division of Corporations, please complete the Addendum for Exemption of Public Disclosure. If you do not have any records with the Division of Corporations that include exempt information please check here .

You will be contacted if the information you provide is insufficient to identify you distinctly from someone else similarly named in the records or if the information provided is insufficient to demonstrate the applicability of a public records exemption.

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

- | | | |
|--|----|---|
| <input type="checkbox"/> current | or | <input type="checkbox"/> former |
| <input type="checkbox"/> spouse of a current | or | <input type="checkbox"/> spouse of a former |
| <input type="checkbox"/> child of a current | or | <input type="checkbox"/> child of a former |

and I hereby request the exemption (check applicable exemption category):

- | | |
|--|---|
| <input type="checkbox"/> Addiction treatment facility, licensed pursuant to Chapter 397, F.S., directors, managers, supervisors, nurses, and clinical employees (s. 119.071(4)(d)2.s) | <input type="checkbox"/> Dept. of Revenue personnel or local government personnel whose duties relate to revenue collection and enforcement or child support enforcement. (s. 119.071(4)(d)2.a) |
| <input type="checkbox"/> Child advocacy center, meeting the standards set forth in Chapter 39, F.S., directors, managers, supervisors, and clinical employees and members of a Child Protection Team as set forth in s. 39.303, F.S. (s. 119.071(4)(d)2.t) | <input type="checkbox"/> Domestic violence centers, certified under Chapter 39, F.S., staff and domestic violence advocates as defined in s. 90.5036(1)(b), F.S. (s. 119.071(4)(d)2.u) |
| <input type="checkbox"/> Code Enforcement Officer (s. 119.071(4)(d)2.i) | <input type="checkbox"/> Donor or prospective donor,* Cultural Endowment Program Trust Fund, Citizen Support Organizations or National, Historic Landmarks (publicly owned houses) (sections 265.605 and/or 267.17) |
| <input type="checkbox"/> County Tax Collector (s. 119.071(4)(d)2.n) | <input type="checkbox"/> Emergency medical technicians or paramedics certified under Chapter 401, F.S (s. 119.071(4)(d)2.q) |
| <input type="checkbox"/> Dept. of Business and Professional Regulation-investigators and inspectors (s. 119.071(4)(d)2.m) | <input type="checkbox"/> Firefighter certified in compliance with s. 633.408, F.S. (s. 119.071(4)(d)2.d) |
| <input type="checkbox"/> Dept. of Children and Family Services personnel whose duties involve investigation of abuse, neglect, exploitation, fraud, theft, or other criminal activities (s. 119.071(4)(d)2.a) | <input type="checkbox"/> Guardian ad litem (s. 119.071(4)(d)2.j) |
| <input type="checkbox"/> Dept. of Financial Services investigative personnel whose duties include the investigation of fraud, theft, workers' compensation coverage requirements and compliance, other related criminal activities, or state regulatory requirement violations (s. 119.071(4)(d)2.b) | <input type="checkbox"/> Human resource, labor relations, or employee relations director, assistant director, manager or assistant manager of any local government agency or water management district (s. 119.071(4)(d)2.h) |
| <input type="checkbox"/> Dept. of Health personnel whose duties support the investigations of child abuse or neglect, determination of benefits, or the investigation, inspection, or prosecution of health care practitioners (s. 119.071(4)(d)2.a) | <input type="checkbox"/> Impaired practitioner consultants whose duties result in a determination of a person's skill and safety to practice a licensed profession (s. 119.071(4)(d)2.p) |
| <input type="checkbox"/> Dept. of Health personnel whose duties include, or result in, the determination or adjudication of eligibility for social security disability benefits, the investigation or prosecution of complaints filed against health care practitioners, or the inspection of health care practitioners or health care facilities licensed by the Department of Health (s. 119.071(4)(d)2.e) | <input type="checkbox"/> Inspector general employees or internal audit department employees whose duties include auditing or investigating waste, fraud, abuse, theft, exploitation, or other activities that could lead to criminal prosecution or administrative discipline (s. 119.071(4)(d)2.r) |
| | <input type="checkbox"/> Judge - district court of appeal, circuit court and county court, or justice of the Florida Supreme Court (s. 119.071(4)(d)2.e) |

- Judicial or quasi-judicial officer (general and special magistrate, judge of compensation claims, administrative law judge of the Division of Administrative Hearings, and child support enforcement hearing officer) (s. 119.071(4)(d)2.g)
- Juvenile probation officer, juvenile probation supervisor, detention superintendent, assistant detention superintendent, senior juvenile detention officer, juvenile detention officer supervisor, juvenile detention officer, house parent I and II, house parent supervisor, group treatment leader, group treatment leader supervisor, rehabilitation therapist, and social services counselor of the Dept. of Juvenile Justice (s. 119.071(4)(d)2.k)
- Law enforcement personnel including correctional officers and correctional probation officers (s. 119.071(4)(d)2.a)
- Office of Financial Regulation, Bureau of Financial Investigations, investigative personnel whose duties include the investigation of fraud, theft, other related criminal activities, or state regulatory requirement violations (s. 119.071(4)(d)2.c.)
- Prosecutor (state attorney, assistant state attorney, statewide prosecutor, assistant statewide prosecutor) (s. 119.071(4)(d)2.f)
- Public defenders and criminal conflict and civil regional counsel (includes assistant public defenders, assistant criminal conflict and assistant civil regional counsel) (s. 119.071(4)(d)2.l)
- U.S. attorney or assistant attorney, U.S. appellate judge, U.S. district court judge and U.S. magistrate (By signature below, person certifies that reasonable efforts made to protect information from being publicly accessible by other means) (S. 119.071(5)(i))
- Victim* of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence [Attach official verification that crime occurred. 5-year exemption. Contact Attorney General's Office (850-414-3990) about eligibility for separate Address Confidentiality Program. See s. 741.465, Fla. Stat]
- Other (list applicable statute): _____

Printed Name: _____ Date of Birth: _____ Phone Number: _____

Home Address: _____

Signature: _____ Date: _____

Pursuant to Section 119.071(4)(d)3., F.S., your request must be notarized. The requestor hereby swears or affirms, under penalty of perjury, that the information contained in the foregoing public record exemption form is true and correct.

REQUIRED NOTARIZATION SECTION

STATE OF FLORIDA

COUNTY OF _____

The foregoing Public Records Exemption Request was sworn to (or affirmed) and subscribed before me by means of

physical presence or online notarization, this _____ day of _____, 20_____, by

_____, who is:

_____ personally known to me OR

_____ produced the following identification: _____

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public

**ADDENDUM FOR EXEMPTION OF PUBLIC DISCLOSURE
ONLY FOR DIVISION OF CORPORATIONS RECORDS**

Before the Florida Department of State, Division of Corporations can act on your request it needs the following additional information from you:

1. Complete home address that is to be redacted:

2. Are you now or have you ever been listed on the Division of Corporations' records as:
 - a. an officer or director of a corporation? Yes No
 - b. a managing member or manager of a limited liability company? Yes No
 - c. a general partner in a limited partnership? Yes No
 - d. an owner of a fictitious name? Yes No
 - e. a partner in a general partnership? Yes No
 - f. a notary? Yes No
 - g. an owner of a trademark registration Yes No

3. Have you ever had a judgment lien filed against you that would have been filed in this office after October 1, 2001 Yes No

If you answered "Yes" to one or more of the questions, and the address to be redacted is the **Registered Agent address** you will need to provide the name of the entity, registration or filing and an **alternate Florida street address that can replace the one we currently have in our records**. We cannot have a record with a missing Registered Agent address.

If the address to be redacted is the **principal place of business address for a corporation, limited liability company, or limited partnership** you will need to provide the name of the entity, registration or filing and an **alternate street address that can replace the one we currently have in our records**. We cannot have a record with a missing principal place of business for these entities.

Name/Names of entity or registration:

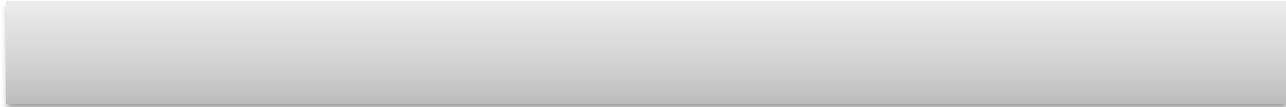
Alternate address to replace the one current on our records. Must be a Florida street address for replacing a redacted registered agent address. Must be a street address for replacing a redacted principal place of business for a corporate entity:

Please return this addendum with the **Public Records Exemption Request** form.
For questions concerning this addendum, call 850-245-6536.



**Office of Nikki Alvarez-Sowles, Esq.
Pasco County Clerk & Comptroller**

OFFICIAL RECORDS DIVISION



Pursuant to F.S. §119.0714(3)(f), in order for a person who is authorized under F.S. §119.071(4)(d)2 to request an exemption from official records, the requestor must submit a request to the office of the Clerk & Comptroller, and specify the document type, name, identification number, and page number of the official record that contains the exempt information.

- Current/former/government agency employee in the category indicated below.
- Spouse of a current/former government agency employee in the category indicated below.
- Child of a current/former government agency employee in the category indicated below.

I _____, proclaim that I am entitled
(Requestor)

to protection of the confidential information listed under this statute due to my service as noted in F.S. 119.071(4)(d)2_____

Address & Telephone Number: _____

- SSN Date of Birth Name/Location of School/Daycare Facility of Child Photo
- Place(s) of Employment/Location

Include the following name(s) of my child(ren) if under 18 YOA: _____



I understand that this form is a public record. If a copy is requested, all exempt information contained herein will be redacted. I hereby agree to indemnify and hold harmless the Office of Clerk & Comptroller and its staff for any direct or indirect claims or damages that may arise in connection with this request for confidentiality. Further, I accept responsibility for identifying the documents of record pertaining to me, my spouse, or my child(ren). Additionally, a consequence of exercising this election is that documents evincing my ownership interests in real property will not be available for viewing by the general public. **In the event that I wish to demonstrate my ownership interest in real property (e.g., to corroborate financial disclosure, to facilitate title search, etc.), I will have to submit a written request for the release of the exempt information to the Office of Clerk & Comptroller.** The written request must be notarized and must specify the information to be released and the party that is authorized to receive the information. Upon receipt of the written request, the Office shall release the specified information to the party authorized to receive such information. See F.S. §119.071(4)(d)4

I hereby request the removal of this information from the following official records documents:

Book_____Page_____	Book_____Page_____
Book_____Page_____	Book_____Page_____
Book_____Page_____	Book_____Page_____

I am aware that ONLY the information listed in Florida Statutes may be removed from public record.

Date

Signature



Request for Exemption from Public Records

In accordance with Florida Statute sections 119.071, 409.1678, 493; I _____ (Print Name) am requesting that the Property Appraiser suppress information which would reveal my home address (location): including property that I own in Pasco County that constitutes my home, the home of my spouse or children, or property in Pasco County for which I am identified as an owner and for which my home address is used as the mailing address, as listed below:

A separate request must be completed for each parcel of property and must be identified by the Property Appraiser's property identification number or account number.

Parcel Identification Number _____

Tangible Personal Property Account Number (if applicable) _____

Employment or circumstance that entitles me to the exemption from public records _____

Employee ID or Badge Number: _____ Driver's License #: _____

Daytime Telephone Number: _____ (work) _____ (Home or Mobile)

Email address: _____

Home Mailing Address: _____

I herby verify that the above information to be true and correct and understand that information supplied or managed by other agencies or offices are not included with this request. I also understand that once exempted from public records the information regarding the above noted property will not be released without written authorization supplied to Property Appraiser's Office in person. I understand that the exemption from public record is not a method to escape creditors, avoid paying taxes, or other fees assessed by government. The Property Appraiser is not responsible for lost or misdirected mail as the result of this request. Upon the sale of the property all records will become a matter of public record.

Signature of person making request: _____ Date: _____

Property Appraiser's Office Use Only (refer to Florida Statute reading)

- Law Enforcement, State Attorney/Public Defender/Judge, Firefighter, EMT/Medical technicians, Servicemember use code Q
- Code Enforcement, Building Inspector, Administrator use code Y
- Florida Retirement Admin, Dept of Health Inspectors, Impaired practitioner consultants use code Z
- Protected victim of a Crime, Safe House, Foster Home use code C
-
- Additional property owned – mailing address does match home address use code A
- Additional property owned – mailing address does not match home address use code B
- Non-property owner – mailing address does not match home address use code N

PLEASE MAIL ALL CORRESPONDENCE TO: PASCO COUNTY PROPERTY APPRAISER - PO BOX 401, DADE CITY, FLORIDA 33526

**PUBLIC OFFICIAL, LAW ENFORCEMENT AGENCY PERSONNEL AND OTHERS
PURSUANT TO SECTION 119.071, FLORIDA STATUTES
REQUEST TO WITHHOLD PERSONAL INFORMATION**

This request form and corresponding privacy protection applies to current and former sworn or civilian law enforcement personnel, public officials (active or former), servicemembers (active or former after 09/11/2001) and other identified individuals, their spouses, children or dependents, who are eligible as outlined in Section 119.071, Florida Statutes. Those who are eligible can request that the Department of Highway Safety and Motor Vehicles (DHSMV) withhold personal information contained in their driver/i-identification, vehicle/vessel records maintained by this department. **This privacy protection does not apply to the mailing addresses maintained by this department. Mailing addresses may be released for official business regarding motor vehicle or driver license information. Therefore, if you wish to ensure your residential address is blocked and not displayed on your driver license/i-identification card, you may make an appointment with your local driver license issuance office to provide an alternate mailing address and obtain a replacement driver license/i-identification card.**

The completion of this form is not mandatory but is made available as a convenience to individuals making this request and to ensure that DHSMV has necessary information to update the appropriate records.

Please **PRINT** the personal information requested below. The information required to complete this form is located on the Florida driver license or identification card of the requester. In all cases, the date of birth must match the date of birth on the Florida driver license or identification card record. Complete additional forms or attach additional sheet as needed to include eligible family members. We must have a statement of eligibility and documentation that indicates the eligibility.

Please return your request with documentation that indicates your eligibility to: Department of Highway Safety and Motor Vehicles (DHSMV), 2900 Apalachee Parkway, MS 28, Tallahassee, Florida 32399 or email to PublicOfficialBlock@flhsmv.gov

Personal Information of Individual Submitting Request

FIRST NAME	MIDDLE NAME	LAST NAME																														
STREET ADDRESS	CITY	STATE & ZIP CODE																														
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Florida Driver License/Identification Card Number		Date of Birth																														

Family Member(s) Driver License or Identification Card Information (spouse/child)

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	Florida Driver License/Identification Card Number	Date of Birth																		

Please refer to section 119.071, Florida Statutes for specific information regarding each exemption.

- Current or former sworn or civilian law enforcement personnel
- Current or former Correctional and correctional probation officers
- Current or former personnel of the Department of Children and Family Services who investigate cases of abuse, neglect, exploitation, fraud, theft, or other criminal activities
- Current or former personnel of the Department of Health whose duties are to support the investigation of child abuse or neglect
- Current or former personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement
- Current or former certified firefighters
- Current or former justices of the Supreme Court, district court of appeal judges, circuit court judges, and county court judges
- Current or former state attorneys, assistant state attorneys, statewide prosecutors, and assistant statewide prosecutors
- Current or former human resource, labor relations, or employee relations directors, assistant directors, managers, or Assistant managers of any local government agency or water management district whose duties include hiring and firing employees, labor contract negotiation, administration, or other personnel-related duties
- Current or former United States attorneys and assistant United States attorneys
- Current or former United States Courts of Appeal judges, United States district judges, United States magistrate judges
- Current or former code enforcement officers
- Current or former guardian ad litem, as defined in s. 39.820
- Current or former juvenile probation officers, juvenile probation supervisors, detention superintendents, assistant detention superintendents, juvenile detention officers, senior juvenile detention officers, juvenile detention officer supervisors, house parents I and II, house parent supervisors, group treatment leaders, group treatment leader supervisors, rehabilitation therapists, and social service counselors of the Department of Juvenile Justice
- Current or former public defenders, assistant public defenders, criminal conflict and civil regional counsel, and assistant criminal conflict and assistant regional counsel
- Current or former county tax collectors
- Current or former servicemembers, who served after September 11, 2001
- Current or former impaired practitioner consultants retained by an agency or certain current or former employees of an impaired practitioner consultant, under specified circumstances
- Current or former non-sworn investigative personnel of the Department of Financial Services
- Current or former emergency medical technicians or paramedics certified under chapter 401, F.S.
- Current or former employees of an agency's office of inspector general or internal audit department whose duties include auditing or investigation of waste, fraud, abuse, theft, exploitation, or other activities that could lead to criminal prosecution or administrative discipline
- Current or former non-sworn investigative personnel of the Office of Financial Regulations Bureau of Financial Investigations whose duties include the investigation of fraud, theft, or other related criminal activities, or state regulatory requirement violations
- Current or former directors, managers, supervisors, and clinical employees of a Child Advocacy Center (CAC) and Child Protection Team (CPT)
- Current or former public guardians and employees with fiduciary responsibility, as defined in s. 744.21031, F.S.
- Current or former directors, managers, supervisors, nurses, and clinical employees of government owned addiction treatment facilities