

## REQUEST FOR REDACTION OF EXEMPT PERSONAL INFORMATION FROM NON-JUDICIAL PUBLIC RECORDS

	equest to have exempt personal information removed fice.	rom records maintained by the Orange County Comptroller's
OII	☐ Current/former government agency employed ☐ Spouse of a current/former government agen ☐ Child of a current/former government agency ☐ Protected individual requesting redaction in the	cy employee in the category checked below employee in the category checked below
Cho	eck the appropriate item:	NOTE: Grantor, grantee, or party names cannot be removed unless they contain the street address
	Victim of violent crime [FS 119.071(2)(j)1] Victim of an incident of mass violence [FS	☐ Guardian ad litem [FS 119.071(4)(d)2.j.] ☐ Juvenile probation/detention officer, house
	119.071(2)(o)] Law enforcement officers or civilian staff, correctional and correctional probation officers	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.]
	[FS 119.071(4)(d)2.a.] Department of Children and Family investigator	☐ Criminal conflict counsel and civil regional counsel [FS 119.071(4)(d)2.l.]
	[FS 119.071(4)(d)2.a.] Department of Health investigator of child abuse or neglect [FS 119.071(4)(d)2.a.]	<ul> <li>Department of Business Regulation investigators and inspectors [FS 119.071(4)(d)2.m.]</li> <li>Tax collectors (current only) [FS</li> </ul>
	Department of Revenue or local government child support collection/enforcement personnel	119.071(4)(d)2.n.]  Department of Health personnel involved in
	[FS 119.071(4)(d)2.a.] Florida Department of Financial Services investigative personnel [FS 119.071(4)(d)2.b.]	eligibility, investigation, prosecution, and inspection [FS 119.071(4)(d)2.o.]  Impaired practitioner consultants retained by an
	Office of Financial Regulation's Bureau of Financial Investigations investigative personnel	agency [F.S. 119.071(4)(d)2.p.]  Emergency medical technician or paramedic [FS
		<ul><li>119.071(4)(d)2.q.]</li><li>Agency inspector general office or internal audit department employees with auditing or</li></ul>
	[FS 119.071(4)(d)2.e.] State attorney and ASAs [FS 119.071(4)(d)2.f.]	potential criminal investigating or disciplinary duties [FS 119.071(4)(d)2.r.]
	Statewide prosecutor and asst. statewide prosecutors [FS 119.071(4)(d)2.f.] General or Special Magistrate [FS	Addiction treatment facility director, manager, supervisor, nurse, or clinical employee [FS 119.071(4)(d)2.s.] (eff. 7/1/18)
	119.071(4)(d)2.g] Judge of Compensation Claims, Administrative	<ul><li>Child advocacy center director, manager, supervisor, clinical employee of [FS</li></ul>
	Law Judge [FS 119.071(4)(d)2.g] Child Support Hearing Officer [FS 119.071(4)(d)2.g]	<ul><li>119.071(4)(d)2.t.]</li><li>Domestic violence center current or former staff and advocates [FS 119.071(4)(d)2.u.]</li></ul>
	Local Govt. or Water Mgt. District Human resources manager/assistant manager [FS	<ul> <li>U.S. Attorney and AUSAs [FS 119.071(5)(i)1.]</li> <li>U.S. Judge or U.S. Magistrate [FS 119.071(5)(i)1.]</li> </ul>
	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.]	Public Guardians and employees with fiduciary responsibilities [FS 744.21031]
	Code enforcement officer [FS 119.071(4)(d)2.i.]	

## **REQUESTOR CONTACT INFORMATION**

Printed Name				_
Telephone Number	Ema	ail address		_
	INFORM	ATION TO BE RE	DACTED	
☐ Address where I (or qualify	ng spouse or cl	hild) <u>reside</u> (phy	sical, mailing, or street address)	
(consider title implications), □	] parcel identifi	ication number,	ere I reside: ☐ legal property descr ☐ plot identification number, ☐ other description property informa	•
☐ Telephone Number(s)				
☐ Social Security Number ( <b>do</b> ☐ Date of Birth:	-			
☐ Place(s) of Employment/Lo				
	•	· -		
☐ Personal assets ( <i>crime victin</i>				
undertaken by the requestor.	Only the docur	ments identified	ation on a public record, which is a by the requestor will be redacted. uire an additional redaction reques	Once
**However, grantor, grantee, included in the name, such as			noved, unless the street address is 2221(2)(b), Florida Statutes.)	i
<b>PUBLIC RECORD:</b> This form is contained in this form will be	•	ecord. If a copy	of it is requested, all exempt inform	nation
	DOCUM	ENTS TO BE REI	DACTED	
	•		visit to the Orange County Comptr h Street, Suite 300, Orlando, Florid	
agree that the Orange County following documents in accord	Comptroller's ( dance with FS 1	Office staff has i 19.071. I under	ange County Comptroller's Office, I my permission to modify a copy of stand that only the modified copy v court of competent jurisdiction, ex	the will be
Instrument Number	Book	Page	Document Title	

**RELEASE TO GOVERNMENTAL AGENCIES:** an un-redacted version of these documents will be provided to the Property Appraiser and Tax Collector to allow them to perform their governmental duties and responsibilities. To redact information held by the Property Appraiser or the Tax Collector you must make a written request to those agencies directly under Section 119.071(4)(d)(4). To redact information held by the Property Appraiser call 407-836-5044 or by the Tax Collector call 407-434-0312. If you wish to release your information to other individuals or entities, please complete a Request to Release Redacted Information on Recorded Documents form.

**RELEASE FOR TITLE SEARCHES:** an un-redacted version of these documents may be provided to title insurers, agents or agencies and attorneys conducting title searches as authorized in section 28.2221(6)(b). Notice of any title search release will be sent to the most recent address on the recorded documents, on the redaction request, or on the sworn statement provided by the requestor.

RELEASE OF PRIOR REDACT	IONS:		
	written, notarize	ed request to rele	ss that is no longer your residence, <b>you ar</b> ease the removed information. Please
Instrument Number	Book	Page	Document Title
Signature			Date:
Signature:			Date: kemptions where current/former agency
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	_		tion (for exemptions where current/forme
STATE OF FLORIDA COUNTY OF	_		
Sworn to (or affirmed) and s notarization on (date)	subscribed before	e me by means o , 20	of   physical presence or   online  by (affiant name)
			·
		NOTARY PUE	BLIC or DEPUTY CLERK
Personally known, OR		{Print, type, clerk}	or stamp commissioned name of notary o
Produced identification: T	vne of identificat	ion produced/II	ח