

## Request For Exemption From Public Records Under FS 119.071(4)

Persons listed in the above statute may request that certain types of information be removed from the public records:

- Active or former law enforcement personnel
- Personnel of the department of Children and Families whose duties include the investigation for abuse, neglect, exploitation, fraud, theft or other criminal activity
- Personnel of the Department of Health whose duties support the investigation of child abuse or neglect
- Personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement
- Firefighters
- Justices of the Florida Supreme Court, judges of the District Courts of Appeal, 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, 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 attorney and assistant United States attorneys
- Current or former judges of the United States Courts of Appeal, United States district judges, and United States magistrate judges
- Current or former guardians ad litem (*must provide a written statement*)

Depending on the exemption you claim, the type of information eligible for retraction from the public record may vary. Please review the statute carefully to insure you request the correct information.

I request this information be removed from public view in accordance with the above statute:

Court Case # (Court Documents)	Instrument # or Book/Page (Official Records)	Document Name/Type	
_____	_____	_____	<input type="checkbox"/> Home Address <input type="checkbox"/> SSN <input type="checkbox"/> Telephone number
_____	_____	_____	<input type="checkbox"/> Home Address <input type="checkbox"/> SSN <input type="checkbox"/> Telephone number
_____	_____	_____	<input type="checkbox"/> Home Address <input type="checkbox"/> SSN <input type="checkbox"/> Telephone number
_____	_____	_____	<input type="checkbox"/> Home Address <input type="checkbox"/> SSN <input type="checkbox"/> Telephone number

The above information is required for this request to be processed. The Clerk's Office cannot be responsible for removing cases not specifically listed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Agency Name (*from above statute*)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Badge/ID Number

STATE OF FLORIDA  
COUNTY of LEE

The foregoing was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, by \_\_\_\_\_, who is personally known to me or has produced identification, and who did/did not (*select one*) take an oath.

**For Office use only:**  
 Date Request Received: \_\_\_\_\_  
 Date Request Completed: \_\_\_\_\_  
 Clerk Initials: \_\_\_\_\_

\_\_\_\_\_  
Notary Public/Deputy Clerk Signature  
 \_\_\_\_\_  
Printed Name