

## REQUEST TO REMOVE INFORMATION FROM PUBLIC INSPECTION

I request to have exempt personal information removed from records maintained by the Lee County Clerk's Office under FS 119.071 or FS 493.6122 or FS 741.465 as (select all that apply):

- Current/former government agency employee in the category checked below
- Spouse of a current/former government agency employee in the category checked below
- Child of a current/former government agency employee in the category checked below
- Protected individual requesting redaction in the category checked below

### Statutory Basis for Removal:

- Victim of violent crime [FS 119.071(2)(j)1]\*
- Victim of an incident of mass violence [FS 119.071(2)(o)]\*
- 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 [F.S. 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.]
- Addiction treatment facility director, manager, supervisor, nurse, or clinical employee [FS 119.071(4)(d)2.s.]\*
- Child advocacy center director, manager, supervisor, clinical employee of [FS 119.071(4)(d)2.t.]
- Domestic violence center current or former staff and advocates [F.S. 119.071(4)(d)2.u.]
- U.S. Attorney and AUSAs [FS 119.071(5)(i)1.]\*
- U.S. Judge or U.S. Magistrate [FS 119.071(5)(i)1.]\*
- Member of US Armed Forces, reserve, or National Guard, who served after 9/11/01 [FS 119.071(5)(k)1.]\*
- Public guardians and employees with fiduciary responsibilities [FS 744.21031]

**NOTE: Grantor, grantee, or party names cannot be removed**

\*Names of spouse/children for marked individuals are not exempt

## REQUESTOR CONTACT INFORMATION

Full Name: \_\_\_\_\_ Request Date: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Qualifying Employment (position title/agency/dates): \_\_\_\_\_  
 \_\_\_\_\_  
 Employer's Telephone #: \_\_\_\_\_

### INFORMATION TO BE REDACTED

Name(s)/Relationship: \_\_\_\_\_  
 Address where I (or qualifying spouse or child) **reside** (physical, mailing, or street address): \_\_\_\_\_

The following additional address information for address where I reside:  legal property description (consider title implications),  parcel identification number,  plot identification number,  neighborhood name and lot number,  GPS coordinates,  other description property information that may reveal home address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_  
 Social Security Number (**do not list SSN**)/ Date of Birth: \_\_\_\_\_  
 Names of spouse and/or children to be redacted: \_\_\_\_\_

Place(s) of Employment/Location: \_\_\_\_\_  
 Name and Location of School/Daycare Facility of child): \_\_\_\_\_  
 Personal assets (*crime victim*): \_\_\_\_\_

### DOCUMENTS TO BE REDACTED

The following section is to be completed during or after a visit to the Lee County Clerk of Courts Office website at [www.leeclerk.org](http://www.leeclerk.org) or 2115 Second Street or 2075 Dr. Martin Luther King Jr. Blvd, Fort Myers, FL 33901.

As a result of my review of the Official Records of the Lee County Clerk's/Comptroller's Office, I hereby agree that the Lee County Clerk's/Comptroller's Office staff has my permission to modify a copy of the following documents in accordance with FS 119.071. I understand that only the modified copy will be made available to the public, unless otherwise ordered by a court of competent jurisdiction, except as shown below. Further, I agree to personally identify those documents of record pertaining to me, my spouse, or my child(ren).

Instrument Number	Book	Page	Document Title	Redacting Clerk

### Documents Other than Official Records (not to include Court Records)

\_\_\_\_\_

**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 533-6150 or by the Tax Collector call 533-6000. 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 provided by the requestor.

**RELEASE OF PRIOR REDACTIONS:** If you have previously requested protection of a home address that is no longer your residence, you are required by law to submit a written, notarized request to release the removed information. Please complete Request to Release Redacted Information on Recorded Documents Form.

**WARNING:** There may be consequences to redacting information on a public record, which is a risk undertaken by the requestor. Only the documents identified by the requestor will be redacted. Once redaction is requested and completed, future redactions require an additional redaction request. \*\*However grantor, grantee, or party names cannot be removed. F.S. 28.2221(2)(b).

**PUBLIC RECORD:** This form is itself a public record. If a copy of it is requested, all exempt information contained in this form will be redacted.

**This document must be signed in the presence of a Notary or a Lee County Clerk of Court Deputy Clerk**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of [  ] physical presence or [  ] audio-video communication technology, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_, by \_\_\_\_\_ who [  ] is personally know to me or [  ] produced \_\_\_\_\_ as identification.

(STAMP)

\_\_\_\_\_  
Signature of Notary Public or Deputy Clerk

\_\_\_\_\_  
Printed Name of Notary Public or Deputy Clerk

**REQUEST TO THE LEE COUNTY CLERK OF COURT  
TO RELEASE REDACTED INFORMATION ON RECORDED DOCUMENTS  
(Request by Protected Party)**

This request is made by

Full Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**I request that the Lee County Clerk of Court release an unredacted copy of the following redacted recorded document:**

Instrument Number	Book	Page	Document Title	Redacting Clerk

***A copy of the redacted document(s) must be attached to this request.***

**I request that the clerk:**

- Remove redaction(s) from electronic versions of the above document in the Official Records.
- Release a paper copy (applicable fees) of the document to:

\_\_\_\_\_

- Email a copy of the document via Secure Email to: \_\_\_\_\_

**This document must be signed in the presence of a Notary or a Lee County Clerk of Court Deputy Clerk**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of [ ] physical presence or [ ] audio-video communication technology, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_, by \_\_\_\_\_ who [ ] is personally know to me or [ ] produced \_\_\_\_\_ as identification.

(STAMP)

\_\_\_\_\_  
Signature of Notary Public or Deputy Clerk

\_\_\_\_\_  
Printed Name of Notary Public or Deputy Clerk