

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

Check the appropriate item:

- Addiction treatment facility director, manager, supervisor, nurse, or clinical employee [FS 119.071(4)(d)2.s.] (eff. 7/1/18)
- 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.]
- Child advocacy center director, manager, supervisor, clinical employee of [FS 119.071(4)(d)2.t.] (eff. 7/1/18)
- Child Support Hearing Officer [FS 119.071(4)(d)2.g.]
- Code enforcement officer [FS 119.071(4)(d)2.i.]
- 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.]
- 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 Health personnel involved in eligibility, investigation, prosecution, and inspection [FS 119.071(4)(d)2.o.]
- Dept of Revenue or local government child support collection/enforcement personnel [FS 119.071(4)(d)2.a.]
- Emergency medical technician or paramedic [FS 119.071(4)(d)2.q.]
- Firefighter [FS 119.071(4)(d)2.d.]
- Florida Department of Financial Services investigative personnel [FS 119.071(4)(d)2.b.]
- General or Special Magistrate [FS 119.071(4)(d)2.g.]
- Guardian ad litem [FS 119.071(4)(d)2.j.]
- Impaired practitioner consultants retained by an agency [F.S. 119.071(4)(d)2.p.]
- Judge of Compensation Claims, Administrative Law Judge [FS 119.071(4)(d)2.g.]
- 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.]
- 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.]
- Member of US Armed Forces, reserve, or National Guard, who served after 9/11/01 [FS 119.071(5)(k)1.]
- Office of Financial Regulation's Bureau of Financial Investigations investigative personnel [F.S. 119.071(4)(d)2.c.]
- Private Investigative, Private Security, and Repossession Services- Class "C", "CC", "E", "EE" Security Licensee [FS 493.6122]
- Public Defender and APDs [FS 119.071(4)(d)2.l.]
- State attorney and ASAs [FS 119.071(4)(d)2.f.]
- Statewide prosecutor and asst. statewide prosecutors [FS 119.071(4)(d)2.f.]
- Tax collectors (current only) [FS 119.071(4)(d)2.n.]
- U.S. Attorney and AUSAs [FS 119.071(5)(i)1.]
- U.S. Judge or U.S. Magistrate [FS 119.071(5)(i)1.]
- Victim of an incident of mass violence [FS 119.071(2)(o)]
- Victim of Domestic Violence participating in the Address Confidentiality Program [FS 741.465]
- Victim of violent crime [FS 119.071(2)(h)1]

REQUESTOR CONTACT INFORMATION

Full Name: _____ Request Date: _____
Telephone Number: _____ Email Address: _____
Qualifying Employment (position/agency/dates): _____

Employer's Telephone #: _____

INFORMATION TO BE REDACTED

Name(s)/Relationship: _____
Address where I 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) _____
Name and Location of Spouse's Employer _____

Name and Location of School/Daycare Facility of Child: _____

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 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 of Courts, I hereby agree that the Lee County Clerk'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. 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)

AGREEMENT

This request for removal of information from public inspection is itself to be kept confidential. It may only be used by the Lee County Clerk of Courts staff in order to process my request. I agree to indemnify and hold harmless the Lee County Clerk of Courts and its staff for any direct or indirect claims or damages that may arise in connection with this request for confidentiality.

Signature: _____ Date: _____

REQUEST TO RELEASE REDACTED INFORMATION ON RECORDED DOCUMENTS

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 recorded document:

Document Title: _____

Instrument Number: _____

Book: _____ Page: _____

A copy of the redacted document is attached to this request.

I request that the clerk:

Release a paper copy (applicable fees) of the document to:

Email a copy of the document via Secure Email to: _____

Signature: _____ Date: _____

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me on this _____ day _____,

20____ by (affiant name) _____.

(NOTARY SEAL)

NOTARY PUBLIC

{Print, type, or stamp commissioned name of notary}

_____ Personally Known, OR

_____ Produced Identification

Type of identification produced/ID# _____