

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

I request to have exempt personal information removed from records maintained by the Marion County Clerk's/Comptroller's Office.

Exempt information held 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:

- | | |
|---|---|
| <input type="checkbox"/> Victim of violent crime [FS 119.071(2)(h)1] | <input type="checkbox"/> Guardian ad litem [FS 119.071(4)(d)2.j.] |
| <input type="checkbox"/> Victim of an incident of mass violence [FS 119.071(2)(o)] | <input type="checkbox"/> Juvenile probation/detention officer, house parent, therapy provider, counselor and their supervisors [FS 119.071(4)(d)2.k.] |
| <input type="checkbox"/> Child advocacy center director, manager, supervisor, clinical employee of [FS 119.071(4)(d)2.t.] (eff. 7/1/18) | <input type="checkbox"/> Public Defender and APDs [FS 119.071(4)(d)2.l.] |
| <input type="checkbox"/> Law enforcement officers or civilian staff, correctional and correctional probation officers [FS 119.071(4)(d)2.a.] | <input type="checkbox"/> Criminal conflict counsel and civil regional counsel [FS 119.071(4)(d)2.l.] |
| <input type="checkbox"/> Dept of Children and Family investigator [FS 119.071(4)(d)2.a.] | <input type="checkbox"/> Dept of Business Regulation investigators and inspectors [FS 119.071(4)(d)2.m.] |
| <input type="checkbox"/> Dept of Health investigator of child abuse or neglect [FS 119.071(4)(d)2.a.] | <input type="checkbox"/> Tax collectors (current only) [FS 119.071(4)(d)2.n.] |
| <input type="checkbox"/> Dept of Revenue or local government child support collection/enforcement personnel [FS 119.071(4)(d)2.a.] | <input type="checkbox"/> Dept of Health personnel involved in eligibility, investigation, prosecution, and inspection [FS 119.071(4)(d)2.o.] |
| <input type="checkbox"/> Florida Department of Financial Services investigative personnel [FS 119.071(4)(d)2.b.] | <input type="checkbox"/> Impaired practitioner consultants retained by an agency [F.S. 119.071(4)(d)2.p.] |
| <input type="checkbox"/> Office of Financial Regulation's Bureau of Financial Investigations investigative personnel [F.S. 119.071(4)(d)2.c.] | <input type="checkbox"/> Emergency medical technician or paramedic [FS 119.071(4)(d)2.q.] |
| <input type="checkbox"/> Firefighter [FS 119.071(4)(d)2.d.] | <input type="checkbox"/> 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.] |
| <input type="checkbox"/> Justice or judge [FS 119.071(4)(d)2.e.] | <input type="checkbox"/> Addiction treatment facility director, manager, supervisor, nurse, or clinical employee [FS 119.071(4)(d)2.s.] (eff. 7/1/18) |
| <input type="checkbox"/> State attorney and ASAs [FS 119.071(4)(d)2.f.] | <input type="checkbox"/> U.S. Attorney and AUSAs [FS 119.071(5)(i)1.] |
| <input type="checkbox"/> Statewide prosecutor and asst. statewide prosecutors [FS 119.071(4)(d)2.f.] | <input type="checkbox"/> U.S. Judge or U.S. Magistrate [FS 119.071(5)(i)1.] |
| <input type="checkbox"/> General or Special Magistrate [FS 119.071(4)(d)2.g.] | <input type="checkbox"/> Member of US Armed Forces, reserve, or National Guard, who served after 9/11/01 [FS 119.071(5)(k)1.] |
| <input type="checkbox"/> Judge of Compensation Claims, Administrative Law Judge [FS 119.071(4)(d)2.g.] | <input type="checkbox"/> Private Investigative, Private Security, and Repossession Services- Class "C", "CC", "E", "EE" Security Licensee [FS 493.6122] |
| <input type="checkbox"/> Child Support Hearing Officer [FS 119.071(4)(d)2.g.] | <input type="checkbox"/> Victim of Domestic Violence participating in the Address Confidentiality Program [FS 741.465] |
| <input type="checkbox"/> Local Govt. or Water Mgt. District Human resources manager/assistant manager [FS 119.071(4)(d)2.h.] | <input type="checkbox"/> Public Guardians and employees with fiduciary responsibilities [FS 744.21031] (eff. 7/1/18) |
| <input type="checkbox"/> Local Govt. or Water Mgt. District Labor or employee relations manager/assistant manager [FS 119.071(4)(d)2.h.] | |
| <input type="checkbox"/> Code enforcement officer [FS 119.071(4)(d)2.i.] | |

REQUESTOR CONTACT INFORMATION

Printed Name: _____

Telephone Number: _____ Email address: _____

INFORMATION TO BE REDACTED

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) _____

Social Security Number (**do not list SSN**) / Date of Birth: _____

Place(s) of Employment/Location: _____

Photo of Requestor (*per comparable attached photo*)

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

Personal assets (*crime victim*): _____

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.

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.

DOCUMENTS TO BE REDACTED

The following section is to be completed during or after a visit to the Marion County Clerk's/Comptroller's Office at www.marioncountyclerk.org or 110 NW 1st Avenue, Ocala, FL 34475.

As a result of my review of the Official Records of the Marion County Clerk's/Comptroller's Office, I hereby agree that the Marion 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. A separate release can be provided to authorize release of an unredacted document to a named person or entity.

Instrument Number	Book	Page	Document Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Documents Other Than Official Records: _____

NOTE: Other governmental agencies may wish to contact you in regard to actions that pertain to, or affect, your property or property rights. The Marion County Clerk requires your permission before forwarding your mailing address to these governmental agencies:

- YES I authorize the Marion County Clerk to release my mailing address to other governmental agencies.
- NO I do not authorize the Marion County Clerk to release my mailing address to other governmental agencies with the exception of the Property Appraiser and Tax Collector for the purpose of mailing tax statements.

Signature: _____ **Date:** _____

Name of Eligible Government Employee (if not requestor): _____

Job Title of Eligible Government Employee

Employing agency