

**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 Liberty County Clerk
of the Circuit Court and Comptroller's Office.

Check the box that applies to you:

- 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 (Check the box(s) that apply to you):

- | | |
|---|---|
| <input type="checkbox"/> Victim of violent crime [FS 119.071(2)(j)1]* | <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"/> Victim of an incident of mass violence [FS 119.071(2)(o)]* | <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.]* |
| <input type="checkbox"/> State attorney and ASAs [FS 119.071(4)(d)2.f.] | <input type="checkbox"/> Child advocacy center director, manager, supervisor, clinical employee of [FS 119.071(4)(d)2.t.] |
| <input type="checkbox"/> Statewide prosecutor and asst. statewide prosecutors [FS 119.071(4)(d)2.f.] | <input type="checkbox"/> Domestic violence center current or former staff and advocates [F.S. 119.071(4)(d)2.u.] |
| <input type="checkbox"/> General or Special Magistrate [FS 119.071(4)(d)2.g.] | <input type="checkbox"/> U.S. Attorney and AUSAs [FS 119.071(5)(i)1.]* |
| <input type="checkbox"/> Judge of Compensation Claims, Administrative Law Judge [FS 119.071(4)(d)2.g.] | <input type="checkbox"/> U.S. Judge or U.S. Magistrate [FS 119.071(5)(i)1.]* |
| <input type="checkbox"/> Child Support Hearing Officer [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"/> 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] |
| <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.] | |
| <input type="checkbox"/> Guardian ad litem [FS 119.071(4)(d)2.j.] | |

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

REQUESTOR CONTACT INFORMATION FOR LIBERTY COUNTY

Printed Name: _____

Telephone Number: _____ E-mail address: _____

Warning: There may be consequences to redacting information on a public record, which is a risk undertaken by the requestor. Only documents identified by the requestor will be redacted. Once redaction is requested and completed, **future redactions require an additional redaction request.**

INFORMATION TO BE REDACTED

Home address(es), including physical address, mailing address*, street address, parcel ID number, plot/lot ID number, legal property description, neighborhood/subdivision name and/or lot number, GPS coordinates, other descriptive property information that may reveal home address(es) of where I reside. ***P.O. Box addresses are not exempt under Ch. 119.**

Other Information that may apply (please list); Date of Birth, Phone number(s), Place(s) of employment (spouse/child), School/Daycare Facility (child), Personal assets (crime victim), Social Security Number (Do NOT list the number)

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. This may include; Notice of Commencements, Satisfactions/Assignments of Mortgage etc.**

AGREEMENT (Please Initial)

____ I understand that this form itself is a public record. If a copy of it is requested, all exempt information contained herein will be redacted.

____ I agree to indemnify and hold harmless the Liberty County Clerk’s Office, and its staff for any director indirect claims or damages that may arise in connection with this request for confidentiality.

____ I agree to personally identify those documents of record pertaining to me, my spouse or my child(ren).

____ I understand that my name and the names of my spouse/child(ern) cannot not be removed from the Official Records Index per Florida Statute 28.2221(2)(b).

____ I understand that if I convey property so that the real property is no longer my home address, I must submit a written request to release the redacted information from my original request per FL Statute 119.071(4)(d).

Spousal Acknowledgment> to be signed by *Qualified Spouse/Child(ern)(If of legal age)

I understand my information will be redacted and certain information will not be available to search in the Liberty County Official Records per FL Statute 119.071.

Spouse Print name

Spouse Signature

DOCUMENTS TO BE REDACTED IN LIBERTY COUNTY

As a result of my review of the Official Records of the Liberty County Clerk of Court, I agree that the Clerk has my permission to modify a copy of the following documents in accordance with Ch. 119.071, Fla. Stat. (2019). I understand that only the modified copy will be made available to the public, unless otherwise ordered by a court of competent jurisdiction.

**Please print legibly so document(s) can be readily identified*

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

Documents Other Than Official Records:

RELEASE TO GOVERNMENTAL AGENCIES: An un-redacted version of these documents will be provided to the Liberty County Property Appraiser and Tax Collector to allow them to perform their governmental duties and responsibilities. To redact information held by the Liberty County Property Appraiser or the Tax Collector you must make a written request to those agencies directly under Florida Statute 119.071(4)(d).

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 Florida Statute 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 in another county in the State of Florida, that is no longer your residence, you are required by Florida law to submit a written, notarized request to release the redacted information and submit that request to that county. Please contact that county for instructions on how to un-redact your information.

DOCUMENTS TO BE REDACTED IN LIBERTY COUNTY (CONT.)

Signature: _____

Date: _____

Job Title of Eligible Government Employee

Employing Agency

NOTARY ACKNOWLEDGEMENT

STATE OF FLORIDA

COUNTY OF _____

Sworn to and subscribed before me on by means of physical presence or online notarization on (date)

_____, 20 __, by _____,

who is ___ personally known, OR who ___ produced identification. Type of identification produced/ID _____.

[SEAL]

Notary Public, State of Florida

{Print, type or stamp commissioned name of Notary}

My Commission Expires: