

**REQUEST FOR REDACTION OF PROTECTED ADDRESS FROM PUBLIC RECORDS (FS 119.071^)**

I request to have exempt personal information removed from records maintained by the Pinellas County Clerk's Office. I hereby swear or affirm that the following information is true and correct.

**I am an individual covered under FS 119.071(2)(j)1 or (§119.071(4) as: (select one)**

- 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
- Victim of violent crime [FS 119.071(2)(j)1] (5 year exemption) with verification of offense

**ACTIVE/FORMER**

**Check the appropriate item:**

- Law enforcement officer [FS 119.071(4)(d)2.a.]
- Dept. of Children and Family investigator [FS 119.071(4)(d)2.a.]
- Dept. of Health investigator/Inspector [FS 119.071(4)(d)2.a; FS 119.071(4)(d)2.m.]
- Dept. of Revenue or local government child support collection/enforcement personnel [FS 119.071(4)(d)2.a.]
- Dept. of Financial Services non-sworn investigator [FS 119.071(4)(d)2.a]
- Firefighter (certified in compliance with FS 633.408, 360 hrs. training) [FS 119.071(4)(d)2.b.]  Justice or judge [FS 119.071(4)(d)2.c.]
- State attorney [FS 119.071(4)(d)2.d.]
- Statewide prosecutor [FS 119.071(4)(d)2.d.]
- Local Government or WMD Human resources manager/assistant manager [FS 119.071(4)(d)2.f.]
- Local Government or WMD Labor or employee relations manager/assistant manager [FS 119.071(4)(d)2.f.]  Code enforcement officer [FS 119.071(4)(d)2.g.]
- Guardian ad litem [FS 119.071(4)(d)2.h.]
- DJJ Juvenile probation/detention officer, house parent, therapist, counselor (& supervisors of same) [FS 119.071(4)(d)2.i.]
- Public Defender, Criminal Conflict Counsel, Civil Regional Counsel [FS 119.071(4)(d)2.j.]
- DBPR Investigators [FS 119.071(4)(d)2.k.]
- Impaired practitioner consultants [FS 119.071(4)(d)2.n.]
- EMS Technicians, Paramedics (certified under FS Ch. 401) [FS 119.071(4)(d)2.o]
- Inspector General/Internal Audit Investigators [FS 119.071(4)(d)2.o]
- U.S. Attorney [FS 119.071(5)i.1]
- U.S. Judge or U.S. Magistrate [FS 119.071(5)i.1]
- Service Member of Armed Forces after 9/11/2001 (proof of service required.) [FS 119.071(5)k.1]\*

**CURRENT ONLY (You must inform us when your employment ends if in the categories below)**

- County Tax Collectors [FS 119.071(4)(d)2.l]\*
- General/Special Magistrates [FS 119.071(4)(d)2.e]\*
- Judge of Compensation Claims, Administrative Law Judge [FS 119.071(4)(d)2.e]\*
- Child Support Hearing Officer [FS 119.071(4)(d)2.e]\*

\*If you are in a category with an asterisk you must initial the following statement:

\_\_\_\_\_ I hereby affirm that I have made reasonable efforts to protect the information for which I am requesting protection from being accessible through other means available to the public.

^Refer to Fla. Stat. § 119.071 for complete details.

**DOCUMENTS TO BE REDACTED**

The following section is to be completed during or after a visit to the Pinellas County Clerk's Office at [www.mypinellasclerk.org](http://www.mypinellasclerk.org) or the office at 315 Court Street, Clearwater, FL 33756.

As a result of my review of the Official / Court Records of the Pinellas County Clerk's Office, I hereby agree that the Pinellas 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.

**REQUESTOR CONTACT INFORMATION**

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

Telephone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**INFORMATION TO BE REDACTED FROM OFFICIAL RECORDS (PROTECTED ADDRESS ONLY)**

Pursuant to Florida Statutes, the following personnel and their spouses and children may request protected address status See Section 119.071(4)(d) 1, Florida Statutes. **You must provide the book and pages below to be redacted. Future recorded documents require a new request.**

**Home address (including city, state, and zip code):**

\_\_\_\_\_  
\_\_\_\_\_

Instrument Number	Book	Page	Instrument Number	Book	Page
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**IMPORTANT: This request will be used only by the Pinellas County Clerk of the Circuit Court & Comptroller's office to process this request. It is the requestor's responsibility to request protection of information from any other government agency, including but not limited to the Property Appraiser, Supervisor of Elections, or Pinellas County.**

**AGREEMENT**

If this request for removal of information contains confidential information, it will be retained as confidential. This form will be used by the Pinellas County Clerk's Office to process the request. I agree to indemnify and hold harmless the Pinellas County Clerk's Office and its staff for any direct or indirect claims or damages that may arise in connection with this request for confidentiality. Further, I agree to personally identify those documents of record pertaining to me.

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

\_\_\_\_\_  
**Job Title of Eligible Government Employee**

\_\_\_\_\_  
**Qualifying Employer**