



GRANT MALOY
Clerk and Comptroller
Seminole County

**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 Clerk and Comptroller, Seminole County.

- ☐ 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.]
- ☐ Department of Children and Families investigator [FS 119.071(4)(d)2.a.]
- ☐ Department of Health investigator of child abuse or neglect [FS 119.071(4)(d)2.a.]
- ☐ Department 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 [FS 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 Assistant State Attorneys [FS 119.071(4)(d)2.f.]
- ☐ Statewide Prosecutor and Assistant Statewide Prosecutors [FS 119.071(4)(d)2.f.]
- ☐ General or Special Magistrate [FS 119.071(4)(d)2.g.]
- ☐ Judge of Compensation Claims or Administrative Law Judge [FS 119.071(4)(d)2.g.]
- ☐ Child Support Hearing Officer [FS 119.071(4)(d)2.g.]
- ☐ Local government or Water Management District Human Resources Director/Manager/Assistant Director/Assistant Manager [FS 119.071(4)(d)2.h.]
- ☐ Local government or Water Management District Labor or Employee Relations Director/Manager/Assistant Director/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 Officers and Supervisors/Detention Officers, Supervisors and Superintendents/Residential Officers and Supervisors/Counselors and Supervisors/Human Services Counselor Administrators/ Rehabilitative Therapists/Social Service Counselors of the Department of Juvenile Justice [FS 119.071(4)(d)2.k.]
- ☐ Public Defender and Assistant Public Defenders [FS 119.071(4)(d)2.l.]
- ☐ Criminal conflict counsel and civil regional counsel [FS 119.071(4)(d)2.l.]
- ☐ Department of Business Regulation investigators and inspectors [FS 119.071(4)(d)2.m.]
- ☐ Tax collectors (current only) [FS 119.071(4)(d)2.n.]
- ☐ Department of Health personnel involved in eligibility/investigation of Social Security disability benefits or prosecution/inspection of healthcare practitioners/licensed healthcare facilities [FS 119.071(4)(d)2.o.]
- ☐ Impaired practitioner consultants retained by agency [FS 119.071(4)(d)2.p.]
- ☐ Emergency medical technician or paramedic per FS Ch. 401 [FS 119.071(4)(d)2.q.]
- ☐ Agency's Inspector General Office or internal audit department employees whose duties include auditing or investigating potential criminal or disciplinary activities [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 and clinical employee per FS 39.3035 [FS 119.071(4)(d)2.t.]
- ☐ Child Protection Team members per FS 39.303 [FS 119.071(4)(d)2.t.]
- ☐ Domestic violence center current or former staff and advocates [FS 119.071(4)(d)2.u.]
- ☐ U.S. Attorney and Assistant U.S. Attorneys [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]

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

REQUESTOR CONTACT INFORMATION

Printed Name: _____
Telephone Number: _____ E-Mail Address: _____

INFORMATION TO BE REDACTED

- ☐ 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 descriptive property information that may reveal home address:

- ☐ Telephone Number(s): _____ ☐ Date of Birth: _____
☐ Social Security Number(s) (DO NOT LIST THE SOCIAL SECURITY NUMBER): _____
☐ 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*): _____

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 per 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.

DOCUMENTS TO REDACTED

The following section is to be completed during or after a visit to the Clerk and Comptroller, Seminole County at www.seminoleclerk.org, 301 N. Park Avenue. Sanford, FL 32771 or 101 Eslinger Way, Sanford, FL 32773.

As a result of my review of the Official Records of the Clerk and Comptroller, Seminole County, I hereby agree that the Clerk and Comptroller, Seminole County, 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.

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 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 F.S. 119.071(4)(d)(4). To redact information held by the Property Appraiser call 407-665-7506 or by the Tax Collector call 407-665-1000. 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 F.S. 28.222(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 FOR 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 indicate any prior documents that include removed information that must be restored***:

Instrument Number	Book	Page	Document Title
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*** Releases for other counties must be submitted directly to that county.

Signature: _____ **Date:** _____

Job Title of Qualifying Individual Requesting Redaction (for exemptions where current/former agency employment is required): _____

Employing Agency of Qualifying Individual Requesting Redaction (for exemptions where current/former agency employment is required): _____

STATE OF FLORIDA
COUNTY OF SEMINOLE

Signed on _____

Sworn to (or affirmed) and subscribed before me by means of ___ physical presence or ___ online notarization on (date) _____, 20___ by (affiant name) _____.

NOTARY PUBLIC or DEPUTY CLERK

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

___ Personally known, OR

___ Produced identification; Type of identification produced/ID# _____