



ROGER D. EATON
Charlotte County
Clerk of the Circuit Court and County Comptroller

**REQUEST FOR REDACTION OF EXEMPT PERSONAL INFORMATION FROM
NON-JUDICIAL PUBLIC RECORDS EFFECTIVE JULY 01, 2019**

I request to have exempt personal information removed from records maintained by the Charlotte County Clerk of the Circuit Court and County 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:

- Victim of violent crime [FS 119.071(2)(h)1]
- Victim of an incident of mass violence [FS 119.071(2)(o)]
- Child advocacy center director, manager, supervisor, clinical employee of [FS 119.071(4)(d)2.t.] (eff. 7/1/18)
- Law enforcement officers or civilian staff, correctional and correctional probation officers [FS 119.071(4)(d)2.a.]
- 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 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 [F.S. 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 ASAs [FS 119.071(4)(d)2.f.]
- Statewide prosecutor and asst. statewide prosecutors [FS 119.071(4)(d)2.f.]
- General or Special Magistrate [FS 119.071(4)(d)2.g.]
- Judge of Compensation Claims, Administrative Law Judge [FS 119.071(4)(d)2.g.]
- Child Support Hearing Officer [FS 119.071(4)(d)2.g.]
- 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.]
- Public Guardians and employees with fiduciary responsibilities [FS 744.21031] (eff. 7/1/18)
- Code enforcement officer [FS 119.071(4)(d)2.i.]
- Guardian ad litem [FS 119.071(4)(d)2.j.]
- Juvenile probation/detention officer, house parent, therapy provider, counselor and their supervisors [FS 119.071(4)(d)2.k.]
- Public Defender and APDs [FS 119.071(4)(d)2.l.]
- 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.]
- Tax collectors (current only) [FS 119.071(4)(d)2.n.]
- Dept of Health personnel involved in eligibility, investigation, prosecution, and inspection [FS 119.071(4)(d)2.o.]
- Impaired practitioner consultants retained by an agency [F.S. 119.071(4)(d)2.p.]
- Emergency medical technician or paramedic [FS 119.071(4)(d)2.q.]
- 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.]
- Addiction treatment facility director, manager, supervisor, nurse, or clinical employee [FS 119.071(4)(d)2.s.] (eff. 7/1/18)
- U.S. Attorney and AUSAs [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.]
- Private Investigative, Private Security, and Repossession Services- Class "C", "CC", "E", "EE" Security Licensee [FS 493.6122]
- Victim of Domestic Violence participating in the Address Confidentiality Program [FS 741.465]



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REQUESTOR CONTACT INFORMATION

Printed Name: _____

Telephone Number: _____ Email address: _____

INFORMATION TO BE REDACTED

Home address(es) (including physical address, mailing address, street address, parcel identification number, plot identification number, legal property description, 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) found at (DO NOT LIST THE SOCIAL SECURITY NUMBER): _____

Place(s) of Employment/Location: _____

Telephone #: _____ Photo of Requestor (*as identified in comparable photo attached to this request*)

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

Personal assets (*crime victim*): _____

AGREEMENT

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 Charlotte County Clerk and Comptroller'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, my spouse, or my child(ren).

DOCUMENTS TO BE REDACTED

The following section is to be completed during or after a visit to the Charlotte County Clerk and Comptroller's Office at CharlotteClerk.com or 350 E. Marion Ave. Punta Gorda, FL 33950.

As a result of my review of the Official Records of the Charlotte County Clerk and Comptroller's Office, I hereby agree that the Charlotte County Clerk and 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.

| Instrument Number | Book | Page | Document Title |
|--------------------------|-------------|-------------|-----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |



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Documents Other Than Official Records: _____

Signature: _____ **Date:** _____

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

Job Title of Eligible Government Employee

Employing agency



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REQUEST TO THE CHARLOTTE COUNTY CLERK OF THE CIRCUIT COURT AND COUNTY COMPTROLLER TO RELEASE REDACTED INFORMATION ON RECORDED DOCUMENTS

This request is made by

Printed Name: _____

I request that the Charlotte County Clerk of the Circuit Court and County Comptroller release an unredacted copy of the following redacted, recorded document:

Date of Request: _____

Document Title: _____

Book and Page of Document: Book _____ Page _____

Instrument Number: _____

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

I request that the clerk release a copy of the unredacted referenced document to:

Signature

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this _____ day of _____, _____, by (affiant name) _____

Signed on _____

NOTARY PUBLIC-STATE OF FLORIDA

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

____ Personally known, OR
____ Produced identification
Type of identification produced/ID# _____