



KELVIN SOTO, ESQ.
CLERK OF THE CIRCUIT COURT & COUNTY COMPTROLLER
OSCEOLA COUNTY, FLORIDA

REQUEST FOR REDACTION OF EXEMPT PERSONAL INFORMATION
FROM PUBLIC RECORDS (FS 119.071 or FS 744.21031)

I request to have exempt personal information removed from records maintained by the Osceola County Clerk's Office.
Exempt information held under FS 119.071 or FS 744.21031 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
- Protected individual requesting redaction in the category checked below

By submitting this form, you are requesting that the Osceola County Clerk permanently redact your home address, telephone number, date of birth, photographs, and, if separate forms are completed, the name of spouse and children, place of employment of spouse and children, name and location of school, and day care facilities attended by children, as stated in FS 119.071 or FS 744.21031 from the public records submitted with, or stated on, page 2 of this request.

- | | |
|---|-------------------------|
| <input type="checkbox"/> Law Enforcement (<i>sworn or civilian</i>) including Correctional, Correctional Probation Officers | §119.071(4)(d)2.a. F.S. |
| <input type="checkbox"/> Department of Children and Family Investigator | §119.071(4)(d)2.a. F.S. |
| <input type="checkbox"/> Department of Health (<i>support the investigation of child abuse or neglect.</i>) | §119.071(4)(d)2.a. F.S. |
| <input type="checkbox"/> Department of Revenue or Local Government | §119.071(4)(d)2.a. F.S. |
| <input type="checkbox"/> Department of Financial Services (<i>investigation of fraud, theft, etc.</i>) | §119.071(4)(d)2.b. F.S. |
| <input type="checkbox"/> Office of Financial Regulation (<i>investigation of fraud, theft, etc.</i>) | §119.071(4)(d)2.c. F.S. |
| <input type="checkbox"/> Firefighter | §119.071(4)(d)2.d. F.S. |
| <input type="checkbox"/> Justice or Judge | §119.071(4)(d)2.e. F.S. |
| <input type="checkbox"/> State Attorney, Asst. State Attorney, Statewide Prosecutor or Assistant Statewide Prosecutor | §119.071(4)(d)2.f. F.S. |
| <input type="checkbox"/> Child Support Enforcement Hearing Officer | §119.071(4)(d)2.g. F.S. |
| <input type="checkbox"/> General Magistrate or Special Magistrate | §119.071(4)(d)2.g. F.S. |
| <input type="checkbox"/> Judge of Compensation Claims, Administrative Law Judge of the Division of Administrative Hearings | §119.071(4)(d)2.g. F.S. |
| <input type="checkbox"/> Human Resource, Labor or Employee Relations of Local Government or Water Management District | §119.071(4)(d)2.h. F.S. |
| <input type="checkbox"/> Code Enforcement Officer | §119.071(4)(d)2.i. F.S. |
| <input type="checkbox"/> Guardian Ad Litem | §119.071(4)(d)2.j. F.S. |
| <input type="checkbox"/> Juvenile Probation/Juvenile Justice | §119.071(4)(d)2.k. F.S. |
| <input type="checkbox"/> Public Defender | §119.071(4)(d)2.l. F.S. |
| <input type="checkbox"/> Department of Business and Professional Regulation, Investigators & Inspectors | §119.071(4)(d)2.m. F.S. |
| <input type="checkbox"/> Tax Collector | §119.071(4)(d)2.n. F.S. |
| <input type="checkbox"/> Department of Health (<i>determination of social security benefits</i>) | §119.071(4)(d)2.o. F.S. |
| <input type="checkbox"/> Impaired Practitioner Consultant | §119.071(4)(d)2.p. F.S. |
| <input type="checkbox"/> Emergency Medical Technicians or Paramedics certified under Chapter 401 | §119.071(4)(d)2.q. F.S. |
| <input type="checkbox"/> Inspector General or Internal Audit (<i>investigating waste, fraud, abuse, etc.</i>) | §119.071(4)(d)2.r. F.S. |
| <input type="checkbox"/> Domestic Violence Center Current or Former Staff and Advocates | §119.071(4)(d)2.u. F.S. |
| <input type="checkbox"/> Child Advocacy/Child Protection Personnel | §119.071(4)2.t. F.S. |
| <input type="checkbox"/> Public Guardian | §744.21031 F.S. |

By submitting this form, you are requesting that the Osceola County Clerk permanently redact your home address, telephone number, date of birth, photographs, and, if separate forms are completed, the place of employment of spouse and children, name and location of school and day care facilities attended by children as stated in Chapter 119.071 F.S. (The name of your spouse and/or children are not exempt).

- | | |
|---|------------------------|
| <input type="checkbox"/> Victim of a Violent Crime | §119.071(2)(j)(1) F.S. |
| <input type="checkbox"/> U.S. Attorney, U.S. Judge, U.S. Magistrate | §119.071(5)(i)(1) F.S. |
| <input type="checkbox"/> Victim of an incident of mass violence | §119.071(2)(o) F.S. |
| <input type="checkbox"/> Addiction Treatment Facility Personnel | §119.071(4)2.s. F.S. |

REQUESTOR CONTACT INFORMATION

Printed Name: _____

Telephone Number: _____ Email address: _____

INFORMATION TO BE REDACTED

Address where I **reside** (physical, mailing, or street address. DOES NOT INCLUDE P.O. BOXES):

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. ****However, grantor, grantee, or party names cannot be removed, unless the street address is included in the name, such as a Trust or LLC. (Section 28.2221(2)(b), Florida Statutes)**

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.

PLEASE NOTE: This request only applies to the documents listed below, and not to unlisted documents, or any documents received by the Clerk's Office at a later date. For those documents, another request must be submitted.

Instrument Number	Book	Page	Document Title

Other Documents Than Official Records

RELEASE TO GOVERNMENTAL AGENCIES: An unredacted 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 Section 119.071(4)(d)(4). To redact information held by the Property Appraiser call (407)742-5000 or by the Tax Collector call (407)742-4000. 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 unredacted version of these documents may be provided to title insurers, agents or agencies and attorneys conducting title searches as authorized in Section 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.

COURTESY NOTICE – RELEASE OF PRIOR REDACTIONS: If you have previously requested protection of a home address that is no longer your residence, you are required by Florida law to submit a written, notarized request to release the removed information. Please ask the Clerk or Recorder for the release form. *Releases for other Florida counties must be submitted directly to that county.

Name of Eligible Government Employee (If not the Requestor)

Please sign your full name in the space below. If you are submitting this form electronically, typing your name in the box will be considered an “electronic signature.”

Signature: _____

Date: _____

Job Title of Eligible Government Employee

Employing agency

STATE OF FLORIDA
COUNTY OF _____

The foregoing document was acknowledged before me by means of physical presence or online notarization this ____ day of _____, 20____ by _____ who is personally known to me or has produced _____ as identification.

(NOTARY SEAL)

Signature of Notary

Name of Notary (Typed, Printed or Stamped)

Submit completed form by mail or in person to:

Osceola County Clerk’s Office
Recording Division
2 Courthouse Square, Suite 2000
Kissimmee, FL 34741
407-742-3500

Submit completed form via email to:

Redaction.request@osceolaclerk.org