

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

I request to have exempt personal information removed from records maintained by the Indian River County Clerk of the Circuit Court and 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  
Victim of a crime

**Check the appropriate item:**

Victim of violent crime [FS 119.071(2)(h)1]  
Law enforcement officer [FS 119.071(4)(d)2.a.]  
Dept of Children and Family investigator [FS 119.071(4)(d)2.a.(l)]  
Dept of Health investigator [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.]  
Firefighter [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.]  
General or Special Magistrate [FS 119.071(4)(d)2.e]  
Judge of Compensation Claims, Administrative Law Judge [FS 119.071(4)(d)2.e]  
Hearing Officer [FS 119.071(4)(d)2.e]  
Human resources manager/assistant manager [FS 119.071(4)(d)2.f.]  
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.]  
Juvenile probation/detention officer, house parent, therapy provider, counselor [FS 119.071(4)(d)2.i.]  
*(also applies to supervisors of these employees)*  
Public Defender [FS 119.071(4)(d)2.j.]  
Dept of Business Regulation investigators or inspectors [FS 119.071(4)(d)2.k.]  
Tax collectors [FS 119.071(4)(d)2.i.] (current only)  
Dept of Health personnel involved in eligibility, investigation, prosecution, and inspection [FS 119.071(4)(d)2.m.]  
U.S. Attorney [FS 119.071(5)i.1]  
U.S. Judge or U.S. Magistrate [FS 119.071(5)i.1]  
Private Investigative, Private Security, and Repossession Services- Class "C", "CC", "E", "EE" Security Licensee [FS 493.6122]  
Victim of Domestic Violence [FS 741.465]  
Member of US Armed Forces, reserve, or National Guard, who served after 9/11/01 [FS 119.071(5)(d)]  
Nonsworn investigative personnel of the Florida Department of Financial [FS 119.071(4)(d)(2)(IV)]  
Emergency medical technician or paramedic [FS 119.071(4)(o)]  
Employees in an agency's office of inspector general or internal audit department whose duties include auditing or investigating potential criminal or disciplinary activities [FS 119.071(4)(p)]

**REQUESTOR CONTACT INFORMATION**

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

Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

**INFORMATION TO BE REDACTED**

Home address(es) (including city, state, and zip code) \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

Social Security Number(s) found at (DO NOT LIST THE SOCIAL SECURITY NUMBER): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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 Indian River County Clerk of the Circuit Court 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 Indian River County Clerk of the Circuit Court and Comptroller's Office at **2000 16<sup>th</sup> Avenue, Vero Beach, FL 32960** or **www.clerk.indian-river.org/Recording/TaxDeeds**.

As a result of my review of the Official Records of the Indian River County Clerk of the Circuit Court and Comptroller's Office, I hereby agree that the Indian River County Clerk of the Circuit Court 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Documents Other Than Official Records: \_\_\_\_\_

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

Job Title of Eligible Government Employee

Employing agency

**Additional Documents**

<b>Instrument Number</b>	<b>Book</b>	<b>Page</b>	<b>Document Title</b>
_____	_____	_____	_____
_____	_____	_____	_____
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**Documents Other Than Official Records:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Redaction completed by Deputy Clerk**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date Completed**

**Redaction verified by Deputy Clerk**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date Completed**