

REQUEST FOR CONFIDENTIALITY (OFFICIAL RECORDS)

SEND TO: **Brent X. Thurmond**
Clerk of Circuit Court, Wakulla County
3056 Crawfordville Hwy
Crawfordville, FL 32327

Please note that the signed original of this form must be received by the Clerk's Office. Faxed copies will not be accepted.

I am filing this request for confidentiality with the Wakulla County Clerk of Circuit Court for the exemption of information located in the Wakulla County Official Records pursuant to Chapter 119.071, 493.6122, and/or 741.465 Florida Statutes. I hereby swear or affirm that the following information is true and correct.

Check all that apply. I attest that I am an individual exempt under §119.071, 493.6122, or 741.465 F.S. as:

<input type="checkbox"/> current	or	<input type="checkbox"/> former
<input type="checkbox"/> spouse of a current	or	<input type="checkbox"/> spouse of a former
<input type="checkbox"/> child of a current	or	<input type="checkbox"/> child of a former

By submitting this form, you are requesting that the Clerk of Court permanently redact your home address, telephone number, social security number, date of birth, photographs, name of spouse and children (only if you provide their names below), place of employment of spouse and children, name and location of school and day care facilities attended by children of the below personnel as stated in Chapter 119.071(4) F.S. from the public records submitted with or stated on page 2 of this Request.

<input type="checkbox"/> Law Enforcement	§119.071(4)(d)2.a. F.S.
<input type="checkbox"/> Dept. of Children and Family Services	§119.071(4)(d)2.a. F.S.
<input type="checkbox"/> Dept. of Health	§119.071(4)(d)2.a. F.S.
<input type="checkbox"/> Dept. of Revenue or Local Government	§119.071(4)(d)2.a. F.S.
<input type="checkbox"/> State Attorney, Asst. State Attorney or Statewide Prosecutor	§119.071(4)(d)2.d. F.S.
<input type="checkbox"/> Human Resource, Labor or Employee Relations	§119.071(4)(d)2.f. F.S.
<input type="checkbox"/> Code Enforcement Officer	§119.071(4)(d)2.g. F.S.
<input type="checkbox"/> Guardian Ad Litem	§119.071(4)(d)2.h. F.S.
<input type="checkbox"/> Juvenile Officer or Juvenile Supervisor	§119.071(4)(d)2.i. F.S.
<input type="checkbox"/> Department of Business and Professional Regulation	§119.071(4)(d)2.k. F.S.
<input type="checkbox"/> Tax Collector	§119.071(4)(d)2.l. F.S.
<input type="checkbox"/> Impaired Practitioner Consultants	§119.071(4)(d)2.n. F.S.

By submitting this form, you are requesting that the Clerk of Court permanently redact your home address, telephone number, social security number, date of birth, photographs, 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, 493.6122, or 741.465 F.S.. The name of your spouse and children or child are not exempt and will not be removed if provided for the below personnel from the public records submitted with or stated on page 2 of this Request.

<input type="checkbox"/> Victim of a Crime	§119.071(2)(j)(1) F.S.
<input type="checkbox"/> Firefighter current only	§119.071(4)(d)2.b. F.S.
<input type="checkbox"/> Justice or Judge	§119.071(4)(d)2.c. F.S.
<input type="checkbox"/> General Magistrates or Special Magistrates	§119.071(4)(d)2.e. F.S.
<input type="checkbox"/> Child Enforcement Hearing Officer	§119.071(4)(d)2.e. F.S.
<input type="checkbox"/> Public Defenders	§119.071(4)(d)2.j. F.S.
<input type="checkbox"/> U.S. Attorney, U.S. Judge, U.S. Magistrate	§119.071(5)(i)(1) F.S.
<input type="checkbox"/> U.S. Servicemembers, current and former	§119.071(5)(k) F.S.
<input type="checkbox"/> Private Investigative, Private Security, and Repossession Services	§493.6122 F.S.
<input type="checkbox"/> Victim of Domestic Violence	§741.465 F.S.
<input type="checkbox"/> Other: please indicate agency	

Please print clearly or type the following information.

My full name is: _____ Date of Birth: _____

Other names that I may have used: _____

My spouse full name is: _____ Date of Birth: _____

My children/child names are: _____ Date of Birth: _____

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

Social Security Number: last four digits (if applicable) _____

Telephone Number: (home/cell) _____

CONTINUE TO NEXT PAGE

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This page is to be completed during or after a visit to the Wakulla County Clerk's Office or researching online records at www.wakullaclerk.com. Please do not list any document that does not contain exempt information pursuant to §119.071, 493.6122, and/or 741.465 Florida Statutes. A new Request for Confidentiality form must be submitted for future or additional requests not stated or attached to this request.

DOCUMENTS TO BE COPIED AND MODIFIED FOR CONFIDENTIALITY

As a result of my review of the Official Records of Wakulla County, I hereby agree that the Wakulla County Clerk of Circuit Court Official Records staff has my permission to modify a copy of the following documents in accordance with the particulars of Chapter 119.071, 493.6122, and/or 741.465 Florida Statutes. I understand that the modified/redacted copy will be made available to the public.

Please modify the following documents:

(Per FS 28.221(5)(b) &(c))

<u>DOCUMENT TYPE</u>	<u>NAME OF DOCUMENT</u>	<u>INSTRUMENT NUMBER</u>	<u>BOOK</u>	<u>PAGE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Notary Acknowledgment

The information provided on this request for confidentiality is itself to be kept confidential. The Wakulla County Clerk's Office staff may only use the information in order to process my request for confidentiality. I agree to indemnify and hold harmless the Wakulla County Clerk of Court and the Clerk's staff for any direct, indirect or consequential claims or damages that may result in connection with this request for confidentiality.

Signature of Individual: _____ Date: _____

State of Florida
County of _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, _____,

by _____ Personally known _____ or produced identification _____.

Type of identification produced _____.

Signature of Notary _____