



I request to have exempt personal information removed from records maintained by the St. Lucie County Clerk of the Circuit Court and Comptroller’s Office. I understand that it is recommended that a separate redaction request be submitted for each person seeking redaction.

- 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:**

- |   |  |
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| <ul style="list-style-type: none"> <li><input type="checkbox"/> Victim of violent crime [s. 119.071(2)(j)1, F.S.]*</li> <li><input type="checkbox"/> Victim of an incident of mass violence [s. 119.071(2)(o), F.S.]**</li> <li><input type="checkbox"/> Law enforcement officers or civilian staff, correctional and correctional probation officers [s. 119.071(4)(d)2.a., F.S.]</li> <li><input type="checkbox"/> Dept of Children and Family investigator [s. 119.071(4)(d)2.a., F.S.]</li> <li><input type="checkbox"/> Dept of Health investigator of child abuse or neglect [s. 119.071(4)(d)2.a., F.S.]</li> <li><input type="checkbox"/> Dept of Revenue or local government child support collection/enforcement personnel [s. 119.071(4)(d)2.a., F.S.]</li> <li><input type="checkbox"/> Florida Department of Financial Services investigative personnel [s. 119.071(4)(d)2.b., F.S.]</li> <li><input type="checkbox"/> Office of Financial Regulation’s Bureau of Financial Investigations investigative personnel [s. 119.071(4)(d)2.c., F.S.]</li> <li><input type="checkbox"/> Firefighter [s. 119.071(4)(d)2.d., F.S.]</li> <li><input type="checkbox"/> Justice or judge [s. 119.071(4)(d)2.e., F.S.]</li> <li><input type="checkbox"/> State attorney and ASAs [s. 119.071(4)(d)2.f., F.S.]</li> <li><input type="checkbox"/> Statewide prosecutor and asst. statewide prosecutors [s. 119.071(4)(d)2.f., F.S.]</li> <li><input type="checkbox"/> General or Special Magistrate [s. 119.071(4)(d)2.g, F.S.]</li> <li><input type="checkbox"/> Judge of Compensation Claims, Administrative Law Judge [s. 119.071(4)(d)2.g, F.S.]</li> <li><input type="checkbox"/> Child Support Hearing Officer [s. 119.071(4)(d)2.g, F.S.]</li> <li><input type="checkbox"/> Local Govt. or Water Mgt. District Human resources manager/assistant manager [s. 119.071(4)(d)2.h., F.S.]</li> <li><input type="checkbox"/> Local Govt. or Water Mgt. District Labor or employee relations manager/assistant manager [s. 119.071(4)(d)2.h., F.S.]</li> <li><input type="checkbox"/> Code enforcement officer [s. 119.071(4)(d)2.i., F.S.]</li> <li><input type="checkbox"/> Guardian ad litem [s. 119.071(4)(d)2.j., F.S.]</li> <li><input type="checkbox"/> Juvenile probation/detention officer, house parent, therapy provider, counselor and their</li> </ul> | <ul style="list-style-type: none"> <li>supervisors [s. 119.071(4)(d)2.k., F.S.]</li> <li><input type="checkbox"/> Public Defender and APDs [s.119.071(4)(d)2.l., F.S.]</li> <li><input type="checkbox"/> Criminal conflict counsel and civil regional counsel [s. 119.071(4)(d)2.l., F.S.]</li> <li><input type="checkbox"/> Dept of Business Regulation investigators and inspectors [s. 119.071(4)(d)2.m., F.S.]</li> <li><input type="checkbox"/> Tax collectors (current only) [s.119.071(4)(d)2.n., F.S.]</li> <li><input type="checkbox"/> Dept of Health personnel involved in eligibility, investigation, prosecution, and inspection [s. 119.071(4)(d)2.o., F.S.]</li> <li><input type="checkbox"/> Impaired practitioner consultants retained by an agency [s. 119.071(4)(d)2.p., F.S.]</li> <li><input type="checkbox"/> Emergency medical technician or paramedic [s. 119.071(4)(d)2.q., F.S.]</li> <li><input type="checkbox"/> Agency inspector general office or internal audit department employees with auditing or potential criminal investigating or disciplinary duties [s. 119.071(4)(d)2.r., F.S.]</li> <li><input type="checkbox"/> Addiction treatment facility director, manager, supervisor, nurse, or clinical employee [s. 119.071(4)(d)2.s., F.S.]**</li> <li><input type="checkbox"/> Child advocacy center director, manager, supervisor, clinical employee of [s. 119.071(4)(d)2.t., F.S.]</li> <li><input type="checkbox"/> Domestic violence center current or former staff and advocates [s. 119.071(4)(d)2.u., F.S.]</li> <li><input type="checkbox"/> U.S. Attorney and AUSAs [s. 119.071(5)(i)1., F.S.]**</li> <li><input type="checkbox"/> U.S. Judge or U.S. Magistrate [s. 119.071(5)(i)1., F.S.]**</li> <li><input type="checkbox"/> Public guardians and employees with fiduciary responsibilities [s. 744.21031, F.S.]</li> </ul> |
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\* Attach official verification of crime (i.e. police report or injunction). 5-year renewable exemption.  
 \*\*Names of spouse/children for marked individuals are not exempt

**NOTE: Grantor, grantee, or party names cannot be removed from Official Records unless they contain the street address**

**REQUESTOR CONTACT INFORMATION**

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

Telephone Number: \_\_\_\_\_

Email 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 description property information that may reveal home address:

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

Social Security Number (**do not list SSN**) /  Date of Birth: \_\_\_\_\_

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, unless the street address is included in the name, such as in 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.

**DOCUMENTS TO BE REDACTED**

*The following section is to be completed during or after a visit to the St. Lucie County Clerk's /Comptroller's Office at Provide your Clerk's/Comptroller's Website or the office, address, and zip code of office.*

As a result of my review of the Official Records of the St. Lucie County Clerk's/Comptroller's Office, I hereby agree that the St. Lucie County Clerk's/Comptroller's Office staff has my permission to modify a copy of the following documents in accordance with Section 119.071, Florida Statutes. 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:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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), F.S. To redact information held by the Property Appraiser call 772-462-1000 or by the Tax Collector call 772-462-1650. 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), F.S. 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.

The information provided on this request for confidentiality is itself to be kept confidential. Confidential information is defined as: a physical address, mailing address, street address, parcel ID number, plot ID number, legal property description, neighborhood name, lot number, GPS coordinates, any descriptive property information that reveals the home address, Social Security number, dates of birth, photographs, phone number, names of spouses and/or children, place of employment of spouse or children, names and addresses of child's school or day care center. Redaction of family members is subject to the qualifying individual's employment. The information may only be used by the St. Lucie County Clerk's staff in order to process my request for confidentiality.

I agree to indemnify and hold harmless the Clerk of the Circuit Court & Comptroller of St. Lucie County and the staff for any consequences arising from this request for confidentiality. I understand that my classification may or may not be subject to the Open Government Sunset Review Act in accordance with s. 119.15.

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

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 \_\_\_\_\_.  
 Personally Known to me or  who has produced \_\_\_\_\_ as identification.

<Seal>

\_\_\_\_\_  
Signature of Notary Public – State of Florida

\_\_\_\_\_  
Print, Type, or Stamp Name of Notary Public