



Public Servant Request for Exemption

GENERAL INFORMATION

Name of Requestor: _____

Address: _____

Telephone Number: _____

Agency Referral: _____

Title of Requestor: _____

RECORD IDENTIFICATION AND DESCRIPTION

Document/Record Type _____ Instrument Number _____

PLEASE CHECK THE INFORMATION THAT WILL APPLY TO THE IDENTIFIED RECORD AND COMPLETE THE CORRESPONDING INFORMATION FOR VERIFICATION

_____ Home Address _____ Telephone Number _____ Social Security Number _____ Photographs

SPOUSE AND CHILDREN INFORMATION

_____ Home Address _____ Telephone Number _____ Social Security Number _____ Photographs

_____ Place of Employment _____ Name and Location of Schools and Day Care Facilities _____

DISCLAIMER: Please be advised that only the information specified in Florida Statute 119.07 will be excised from the Public Records.

Also, it is the responsibility of the Requestor to notify the Office of the Clerk of Court of any additional or future documents for exemption.

Signature of Requestor

Date

Received by: _____

Information Redacted through _____