

**REQUEST FOR REDACTION OF EXEMPT PERSONAL INFORMATION
FROM NON-JUDICIAL PUBLIC RECORDS
(Revised 7/1/2025)**

I request to have exempt personal information removed from records maintained by the Polk County Clerk's Office.
(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.

Check the appropriate item:

- | | |
|---|--|
| <input type="checkbox"/> Victim of violent crime [FS 119.071(2)(h)1] | <input type="checkbox"/> Local Govt. or Water Mgt. District Labor or employee relations manager/assistant manager [FS 119.071(4)(d)2.h.] |
| <input type="checkbox"/> Victim of an incident of mass violence [FS 119.071(2)(o)] | <input type="checkbox"/> Code enforcement officer [FS 119.071(4)(d)2.i.] |
| <input type="checkbox"/> Child advocacy center director, manager, supervisor, clinical employee of [FS 119.071(4)(d)2.t.] (eff. 7/1/18) | <input type="checkbox"/> Guardian ad litem [FS 119.071(4)(d)2.j.] |
| <input type="checkbox"/> Law enforcement officers or civilian staff, correctional and correctional probation officers [FS 119.071(4)(d)2.a.] | <input type="checkbox"/> Juvenile probation/detention officer, house parent, therapy provider, counselor and their supervisors [FS 119.071(4)(d)2.k.] |
| <input type="checkbox"/> Dept of Children and Family investigator [FS 119.071(4)(d)2.a.] | <input type="checkbox"/> Public Defender and APDs [FS 119.071(4)(d)2.l.] |
| <input type="checkbox"/> Dept of Health investigator of child abuse or neglect [FS 119.071(4)(d)2.a.] | <input type="checkbox"/> Criminal conflict counsel and civil regional counsel [FS 119.071(4)(d)2.l.] |
| <input type="checkbox"/> Dept of Revenue or local government child support collection/enforcement personnel [FS 119.071(4)(d)2.a.] | <input type="checkbox"/> Dept of Business Regulation investigators and inspectors [FS 119.071(4)(d)2.m.] |
| <input type="checkbox"/> Nonsworn investigative personnel of the Florida Department of Financial Services [FS 119.071(4)(d)2.b.] | <input type="checkbox"/> Tax collectors (current only) [FS 119.071(4)(d)2.n.] |
| <input type="checkbox"/> Nonsworn investigative personnel of the Office of Financial Regulation's Bureau of Financial Investigations [F.S. 119.071(4)(d)2.c.] | <input type="checkbox"/> Dept of Health personnel involved in eligibility, investigation, prosecution, and inspection [FS 119.071(4)(d)2.o.] |
| <input type="checkbox"/> Firefighter [FS 119.071(4)(d)2.d.] | <input type="checkbox"/> Impaired practitioner consultants retained by an agency [F.S. 119.071(4)(d)2.p.] |
| <input type="checkbox"/> Justice or judge [FS 119.071(4)(d)2.e.] | <input type="checkbox"/> Emergency medical technician or paramedic [FS 119.071(4)(d)2.q.] |
| <input type="checkbox"/> Judicial Assistant [FS 119.071(4)(d)2.e.] (eff. 7/1/23) | <input type="checkbox"/> 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)(d)2.r.] |
| <input type="checkbox"/> State attorney and ASAs [FS 119.071(4)(d)2.f.] | <input type="checkbox"/> Addiction treatment facility director, manager, supervisor, nurse, or clinical employee [FS 119.071(4)(d)2.s.] (eff. 7/1/18) |
| <input type="checkbox"/> Statewide prosecutor and asst statewide prosecutors [FS 119.071(4)(d)2.f.] | <input type="checkbox"/> U.S. Attorney and AUSAs [FS 119.071(5)(i)1.] |
| <input type="checkbox"/> General or Special Magistrate [FS 119.071(4)(d)2.g] | <input type="checkbox"/> U.S. Judge or U.S. Magistrate [FS 119.071(5)(i)1.] |
| <input type="checkbox"/> Judge of Compensation Claims, Administrative Law Judge [FS 119.071(4)(d)2.g] | <input type="checkbox"/> Military personnel employed by the United States Dept of Defense or who are service members of special operations force. [FS 119.071(5)(k)] |
| <input type="checkbox"/> Child Support Hearing Officer [FS 119.071(4)(d)2.g] | <input type="checkbox"/> Victim of Domestic Violence participating in the Address Confidentiality Program [FS 741.465] |
| <input type="checkbox"/> Local Govt. or Water Mgt. District Human resources manager/assistant manager [FS 119.071(4)(d)2.h.] | |

- ☐ Private Investigative, Private Security, and Repossession Services- Class "C", "CC", "E", "EE" Security Licensee [FS 493.6122]
- ☐ Inspectors or investigators of Department of Agriculture and Consumer Services. [FS 119.071(4)(d)2.v.]
- ☐ County/City attorneys, assistant county/city attorneys, deputy county/city attorneys. [FS 119.071(4)(d)2.w]
- ☐ Commissioners of the Florida Gaming Control Commission [FS 119.071(4)(d)2.x]
- ☐ Clerks of Circuit Court, deputy clerks, and clerk personnel. (current only) [FS 119.071(4)(d)2.y.]

- ☐ Domestic violence center current or former staff and advocates. [FS 119.071(4)(d)2.u.]
- ☐ Public Guardians and employees with fiduciary responsibilities [FS 744.21031] (eff. 7/1/18)
- ☐ Congressional Member or Public Officer who holds one of the following offices: Governor, Lieutenant Governor, Chief Financial Officer, Attorney General, Agriculture Commissioner, State Senator, Property Appraiser, Supervisor of Elections, School Superintendent, School Board Member, City Commissioner, or County Commissioner. [FS 119.071(4)(d)2.z]

REQUESTOR CONTACT INFORMATION

Printed Name: _____

Telephone Number: _____ Email address: _____

INFORMATION TO BE REDACTED

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

Legal description: _____

Other "home address" as defined in section 119.071 Florida Statute: _____

Telephone Number(s) _____ Date of Birth: _____

Social Security Number(s) found at (DO NOT LIST THE SOCIAL SECURITYNUMBER): _____

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 Polk County Clerk'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 Polk County Clerk's Office at 255 North Broadway Avenue, Bartow, Florida 33830.

As a result of my review of the Official Records of the Polk County Clerk's Office, I hereby agree that the Polk County Clerk'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 or a Release of Exempt Information is filed with the Clerk of Courts directing release to the party authorized to receive the information.

Instrument Number	Book	Page	Document Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Documents Other Than Official Records: _____

Signature: _____ **Date:** _____

Name of Eligible Government Employee (if not requestor): _____

Job Title of Eligible Government Employee

Employing agency

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 _____

Print, Type, or Stamp Commissioned Name of Notary Public

Signature of Notary _____

Send the signed original to:

Stacy M. Butterfield, CPA
Polk County Clerk of Courts
PO Box 9000, Drawer CC-8
Bartow, FL 33831-9000

Note: Fax copies cannot be accepted.