

REQUEST FOR CONFIDENTIALITY

SEND TO: Lake County Clerk of the Circuit
Court and Comptroller
Recording Division
P.O. Box 7800
Tavares, FL 32778

Please note that the signed original of this form must be received by the Clerk of Court, Recording Department. Faxed copies cannot be accepted.

Pursuant to Section 119.071(4)(d)3., Florida Statutes, I hereby request all information specified in Section 119.071(4)(d)2., and pertaining to me, found in the Lake County Official Records be maintained as exempt. In making this request, I attest that I am an individual listed in Section 119.071(4)(d)3. entitled to make such request. Specifically, I am a:

<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
<input type="checkbox"/> Employing agency of a current	or	<input type="checkbox"/> Employing agency of a former

- Victim of a Crime* pursuant to [§119.071(2)(j)1] *Must include official verification.
- Sworn or Civilian law enforcement personnel and nonsworn investigative personnel of the Department of Financial Services [§119.071(4)(d)2.a.(IV)]
- Investigator with the Department of Children and Families [§119.071(4)(d)2.a.]
- Investigation support personnel with the Department of Health [§119.071(4)(d)2.a.]
- Revenue collection and enforcement or child support enforcement personnel of Department of Revenue or local governments [§119.071(4)(d)2.a.]
- Firefighter certified in compliance with s. 633.408 [§119.071(4)(d)2.b.] only currently certified are eligible
- Judge or Justice [§119.071(4)(d)2.c.]
- State attorney, assistant state attorney, statewide prosecutor, or assistant statewide prosecutor [§119.071(4)(d)2.d.]
- General magistrate, special magistrate, judge of compensation claims, administrative law judge of the Division of Administrative Hearings, or child support hearing officer [§119.071(4)(d)2.e.] only current are eligible
- Human resource, labor relation, or employee relations director, assistant director, manager, or assistant manager of any local government agency or water management district whose duties include hiring and firing employees, labor contract negotiation, administration, or other personnel-related duties [§119.071(4)(d)2.f.]
- Code enforcement officer [§119.071(4)(d)2.g.]
- Guardian ad litem as defined in s. 39.820 [§119.071(4)(d)2.h.]
- Juvenile probation officer, juvenile probation supervisor, detention superintendent, assistant detention superintendent, juvenile justice detention officer I or II, juvenile justice detention officer supervisor, juvenile justice residential officer, juvenile residential officer supervisor I or II, juvenile justice counselor, juvenile justice counselor supervisor, human services counselor administrator, senior human services counselor administrator, rehabilitation therapist, or social services counselor of the Department of Juvenile Justice [§119.071(4)(d)2.i.]
- Public defender, assistant public defender, criminal conflict or civil regional counsel, or assistant criminal conflict or civil regional counsel [§119.071(4)(d)2.j.]
- Investigator or inspector of the Department of Business and Professional Regulation

- _____ [§119.071(4)(d)2.k.]
- _____ County tax collector [§119.071(4)(d)2.l.] only current are eligible
- _____ Personnel of the Department of Health whose duties include, or result in, the determination or adjudication of eligibility for social security disability benefits, the investigation or prosecution of complaints filed against health care practitioners, or the inspection of health care practitioners or health care facilities licensed by the Department of Health[§119.071(4)(d)2.m.]
- _____ Impaired practitioner consultants. [§119.071(4)(d)2.n.]
- _____ Emergency medical technicians or paramedics. [§119.071(4)(d)2.o.] (Laws of Florida 2016-159)
- _____ Personnel of office of inspector general or internal audit. [§119.071(4)(d)2.o.] (Laws of Florida 2016-164)
- _____ United States attorney or assistant United States attorney, judge of the United States Courts of Appeal, United States district judge, or United States magistrate [§119.071(5)(i)1.]
- _____ United States Armed Forces service-member who served after September 11, 2001 [§119.071(5)(k)1.]
- _____ Child Advocacy Center Personnel and Child Protection Team Members [HB417, 2018]
- _____ Addiction Treatment Facility Personnel [HB1055]

Please print clearly or use a typewriter to complete the following lines.

Full name(s) of qualifying individual: _____

Full name(s) of qualifying individual's spouse: _____

Full name(s) of qualifying individual's children: _____

Home address(es) (including city, state, and zip code) of any of the above individuals: _____

Telephone number(s) of any of the above individuals: _____

Date(s) of birth of any of the above individuals: _____

Places of employment, including address(es) of spouse and children: _____

Names and address(es) of schools and daycare facilities of children: _____

The information provided on this request for confidentiality is itself to be kept confidential. The information may only be used by the Lake County Clerk of the Circuit Court and Comptroller, Recording Division's staff in order to process my request for confidentiality or may be released upon entry of an order from a court of competent jurisdiction.

I agree to indemnify and hold harmless the Lake County Clerk of the Circuit Court and Comptroller, Recording Division's staff for actions or damages that may be the direct or indirect result of my request for confidentiality and the fulfillment or lack of fulfillment of that request. Further, I agree I have personally identified those documents of record pertaining to me as set forth in Exhibit A attached hereto, and that the Lake County Clerk of the Circuit Court and Comptroller shall have no obligation to identify or redact any other documents.

Signature: _____ Date:

State of _____
County of _____

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

by _____, who is personally known to me, or who produced
_____ as identification.

Signature of Notary
Seal
My Commission Expires:

EXHIBIT A

DOCUMENTS TO BE COPIED AND MODIFIED FOR CONFIDENTIALITY

As a result of my review of the Official Records of Lake County, I hereby agree that the Lake County Clerk of the Circuit Court and Comptroller, Recording Division's Official Records staff has my permission to modify a copy of the following documents in accordance with the particulars of Section 119.071. I understand that the modified copy will be made available to the public without limitation.

The documents that pertain to me are as follows:

Date Recorded	Instrument Number	Book	Page

Signature: _____

Printed Name: _____

Date Signed: _____