

PUBLIC RECORDS EXEMPTION REQUEST
to the FLORIDA DEPARTMENT OF STATE

Florida law allows eligible persons and their employing agencies to request in writing that a non-employing agency maintain as exempt from public disclosure certain identification and/or location information contained in records within the agency's custody. ***If an employing agency is requesting for the employee***, add agency name, and requester's name and title, to the signature line.

NOTE: The officer, employee, justice, judge, other person entitled to the exemption, or employing agency of the designated employee, ***must*** submit this written request ***directly*** to a custodial agency in order for the agency to maintain the exemption for the records in its custody. For records in the custody of the Department of State, please return this completed form or a written request directly to: *Department of State, Attn: Public Records Officer, R.A. Gray Building, Ste. 100, 500 S. Bronough St., Tallahassee, FL 32399.* To have an exemption maintained in the records in the custody of any other agency, please contact that agency directly for information on how to make a written request.

If your spouse and/or children are subject to your exemption (not applicable for victim* of battery, abuse, harassment, or stalking or for participant* in address confidentiality program), please check here and attach a page with the name, date of birth, and relationship of each to assist in identifying each person in any public records within the custody of the agency.

To facilitate processing your request for any of records in the custody of the Division of Corporations, please complete the Addendum for Exemption of Public Disclosure on the next page. *If not applicable*, check here .

I hereby request exemption maintenance by your agency based on the following category/categories for which I qualify:

- | | |
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| <input type="checkbox"/> Code Enforcement Officer. | <input type="checkbox"/> County Tax Collector. † |
| <input type="checkbox"/> Dept. of Business and Prof. Reg. investigators and inspectors. † | <input type="checkbox"/> Inspector general or internal audit dept. personnel whose duties include auditing/investigating waste, fraud, abuse, theft, exploitation, or activities that could lead to criminal prosecution or admin. discipline. † |
| <input type="checkbox"/> Dept. of Children and Family Services personnel whose duties involve investigation of abuse, neglect, exploitation, fraud, theft, or other criminal activities. | <input type="checkbox"/> Judicial or quasi-judicial officer (general/special magistrate, judge of compensation claims, administrative law judge of the Div. of Admin. Hearings, and child support enforcement hearing officer). † |
| <input type="checkbox"/> Dept. of Health personnel whose duties support the investigations of child abuse or neglect. | <input type="checkbox"/> Juvenile probation officers, juvenile probation supervisors, detention superintendents, assistant detention superintendents, juvenile justice detention officers I/II, juvenile justice detention officer supervisors, juvenile justice residential officers, juvenile justice residential officer supervisors I II, juvenile justice counselors, juvenile justice counselor supervisors, human services counselor administrators, senior human services counselor administrators, rehabilitation therapists, and social services counselors of the Dept. of Juvenile Justice. |
| <input type="checkbox"/> Dept. of Health personnel whose duties include, or result in, the determination/adjudication of eligibility for social security disability benefits, investigation/ prosecution of complaints filed against health care practitioners, or inspection of health care practitioners or health care facilities licensed by the Dept. of Health. † | <input type="checkbox"/> Law enforcement personnel, including correctional officers and correctional probation officers. |
| <input type="checkbox"/> Dept. of Financial Services personnel whose duties include the investigation of fraud, theft, workers' compensation coverage requirements and compliance, other related criminal activities, or state regulatory requirement violations. | <input type="checkbox"/> Prosecutor (state attorney, assistant state attorney, statewide prosecutor, assistant statewide prosecutor). |
| <input type="checkbox"/> Dept. of Revenue personnel or local government personnel whose duties include revenue collection and enforcement or child support enforcement. | <input type="checkbox"/> Public defenders and criminal conflict and civil regional counsel (includes assistant public defenders, assistant criminal conflict and assistant civil regional counsel). |
| <input type="checkbox"/> Emergency medical technicians or paramedics certified under chapter 401, F.S. † | <input type="checkbox"/> Member of U.S. Armed Forces, reserve component of U.S. Armed Forces, or National Guard who served after 9/11/2001. † |
| <input type="checkbox"/> Firefighter certified in compliance with s. 633.408, F.S. | <input type="checkbox"/> U.S. Attorney or Assistant U.S. Attorney, U.S. circuit judge, U.S. district judge, or U.S. magistrate judge. † |
| <input type="checkbox"/> Guardian ad litem as defined in s. 39.820, F.S. † | <input type="checkbox"/> Victim* of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence—Please attach official verification that crime occurred—Exemption for 5 years from date of this request. |
| <input type="checkbox"/> Human resource, labor relations, 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. | <input type="checkbox"/> Certified Participant* in Address Confidentiality Program under s. 741.403, F.S.—Exemption applies only to participant's name, address, and telephone number in voter registration and voting records—Please attach copy of certification or renewal. |
| <input type="checkbox"/> Impaired practitioner consultant, retained by an agency, whose duties result in determination of person's skill and safety to practice licensed profession (includes consultant's employees). † | |
| <input type="checkbox"/> Justice of Florida Supreme Court; or judge of district court of appeal, circuit court, or county court. | |

Printed Name: _____ Date of Birth: _____ Phone Number: _____

Home Address: _____

Signature (and Title, if app.) of Requester:† _____ Date: _____

† ***If specially indicated category selected***, person also certifies, by signature herein, that he or she has made reasonable efforts to protect information from being publicly accessible through other means available to the public.

**ADDENDUM FOR EXEMPTION FROM PUBLIC DISCLOSURE
FOR DIVISION OF CORPORATIONS RECORDS**

Before the Florida Department of State, Division of Corporations, can act on your request; it needs the following additional information:

1. Complete home address that is to be redacted:

2. Are you now or have you ever been listed on the Division of Corporations' records as:

- | | | |
|---|------------------------------|-----------------------------|
| a. an officer or director of a corporation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. a managing member or manager of a limited liability company? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. a general partner in a limited partnership? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. an owner of a fictitious name? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. a partner in a general partnership? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. a notary? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g. an owner of a trademark registration? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

3. Have you ever had a judgment lien filed against you that would have been filed in this office after October 1, 2001? Yes No

If you answered "Yes" to one or more of the questions, we ask you provide the name of the entity, registration or filing and an alternate address that can replace the one we currently have in our records. We cannot have a record with a missing address.

Name/Names of entity or registration:

Alternate address to replace the one current on our records:

Please return this addendum with the **Public Records Exemption Request** form.
For question concerning this addendum, call 850.245.6862.