

Clerk of the Circuit Court & Comptroller

Office of Gary J. Cooney, Clerk & Comptroller

P.O. Box 7800 • 550 W. Main St. • Tavares, FL 32778-7800 • www.LakeCountyClerk.org

REQUEST FOR CONFIDENTIALITY

The filing of this request removes information from public inspection in the Lake County Official Records in accordance with Section 119.071, Florida Statutes. This form must be notarized . By filing this document, the undersigned does hereby swear or affirm that they are an individual covered under Section 119.071, Florida Statutes, and are:					
Reque	stor Type (Select one): The individual The spouse of an individual The child of an individual				
Select	one: Who currently serves as Who formerly served as				
	A Law Enforcement Officer (including Correctional and Correctional Probation Officers) An employee of the Department of Children and Family Services who conducts investigations An employee or advocate, as defined in Section 90.5036(1)(b), of a domestic violence center certified by the Department of Children and Families under Chapter 39 An employee of the Department of Health who supports the investigation of child abuse or neglect An employee of the Department of Revenue or local government who collects revenue and enforces child support An employee of the Department of Financial Services who conducts investigations				
	An employee of the Office of Financial Regulation, Bureau of Financial Investigations, who conducts investigations A Firefighter A Justice, Judge, or Judicial Assistant A State Attorney, Assistant State Attorney, Statewide Prosecutor, or Assistant Statewide Prosecutor A General Magistrate or Special Magistrate A Judge of Compensation Claims				
	Administrative Law Judge of the Division of Administrative Hearings A Child Support Enforcement Hearing Officer A local government or Water Management District employee serving in Human Resources, Labor, or Employee Relations as a Director, Assistant Director, Manager, or Assistant Manager				
	A Code Enforcement Officer A Guardian Ad Litem A Department of Juvenile Justice employee as referenced in Section 119.071(4)(d)2.k. A Public Defender, Assistant Public Defender, Criminal Conflict and Civil Regional Counsel, and Assistant Criminal Conflict and Civil Regional Counsel				
	An investigator or inspector of the Department of Business and Professional Regulation A County Tax Collector An employee of the Department of Health who determines social security disability benefits, or investigates or prosecutes complaints, or inspects health care practitioners or facilities				
	An Impaired Practitioner Consultant or employees of an Impaired Practitioner Consultant An Emergency Medical Technician or Paramedic (certified under Chapter 401) An employee of an Inspector General or Internal Auditor who audits or investigates A Director, Manager, Supervisor, or clinical employee of a county government, or agency thereof, addiction				

treatment facility

A Director, Manager, Supervisor, or clinical employee of a child advocacy center, or a member of a Chi Protection Team as referenced in Section 119.071(4)(d)2.t.							
Item	s) that I am requesting to be redacted from the Official Records of Lake County, Florida:						
	Individual's home address (including legal description) Telephone number Date of birth Photographs Name of spouse (only if you provide their names below) Name of child/children (only if you provide their names below) Place of employment of spouse Place of employment of child/children Name and location of schools and day care facilities attended by children						
I (se	ct one): Currently am Formerly was						
	The Victim of a Violent Crime as referenced in Section 119.071(2)(j)1 (include documentation) The Victim of Mass Violence A U.S. Attorney, U.S. Judge, or U.S. Magistrate						
	s) that I am requesting to be redacted from the Official Records of Lake County, Florida (the name of your spouse children are not exempt):.						
	Individual's home address (including legal description) Telephone number Date of birth Photographs Place of employment of spouse Place of employment of child/children Name and location of school and daycare facilities attended by children						
	dual's Name: Date of Birth:						
	dual's Aliases/Other Names Used: Date of Birth:						
	Street Address:						
	State:Zip:						
	s Name: Date of Birth:						
	s Name: Date of Birth:						
	s Name: Date of Birth:						
Ema	: Phone Number:						

The Lake County Clerk of the Circuit Court & Comptroller will redact all information that is redactable pursuant to Chapter 119.071, Florida Statutes, unless otherwise indicated. If you would like any redactable information to remain visible in the Official Records, please indicate it here:

NOTE: As of July 1, 2019, the definition of home address has been expanded to include the parcel identification number and legal description. Removing this information from the public records may result in unintended consequences, such as the inability to prove ownership of your property. While you are entitled to this exemption, know that you are effectively removing this information from the Official Records.

Grantor, grantee, or party names cannot be removed from the index.

The following should be completed after performing a search of the Official Records on the Lake County Clerk of the Circuit Court & Comptroller's website at www.LakeCountyClerkFL.gov. The documents that pertain to me are as follows*:

No.	Date Recorded	Instrument Number or Book/Page
1		
2		
3		
4		
5		
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8		
9		
10		

^{*}If more space is needed, provide a supplemental page.

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). Notice of any title search release will be sent to the most recent address on the recorded documents, on the redaction request, or on the sworn statement provided by the requestor.

RELEASE OF PRIOR REDACTIONS: If you have previously requested protection of a home address that is no longer your residence, you are required by law to submit a written, notarized request to release the removed information. Please indicate any prior redactions that must be removed:

No.	Document Title	Instrument Number or Book/Page
1		
2		
3		
4		
5		

^{*}If more space is needed, provide a supplemental page.

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 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 understand that my mailing address will be released to the Property Appraiser and Tax Collector for the purpose of mailing tax statements.

I agree to indemnify and hold harmless the Lake County Clerk of the Circuit Court and Comptroller 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 above those documents of record pertaining to me, and that the Lake County Clerk of the Circuit Court and Comptroller shall have no obligation to identify or redact any other documents.

Signature				Dat	e		
Printed Name							
STATE OF FLORIDA COUNTY OF LAKE							
Sworn to or affirmed and subscribed	before	me	by r	neans (of [physical	presence of
online notarization this	day of						
by (Na	ıme of Pe	rson Sig	gning)				
NOTA	NOTARY PUBLIC or DEPUTY CLERK						
(D. : A						· ,	1 1)
(Print	, type, or	stamp c	commi	ssioned	name of	notary or	clerk.)