REQUEST FOR CONFIDENTIALITY

SEND TO: Neil Kelly, Clerk
Recording Division
P.O. Box 7800
Tavares, FL 32778

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:

_____ Current or _____ Former
_____ Spouse of a current or _____ Spouse of a former
_____ Child of a current or _____ Child of a former
_____ Employing agency of a current or _____ Employing agency of a former

_____ 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

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

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’s 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 and the 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 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’s 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:

<table>
<thead>
<tr>
<th>Date Recorded</th>
<th>Instrument Number</th>
<th>Book</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature: ______________________________

Printed Name: _________________________

Date Signed: _________________________