



CITY OF STUART

121 S.W. Flagler Avenue
Stuart, Florida 34994
(772) 288-5306

REQUEST FOR REDACTION OF EXEMPT PERSONAL INFORMATION FROM PUBLIC RECORDS

I request to have exempt personal information removed from records maintained by the City of Stuart, Florida.

Exempt information held under FS 119.071 or FS 493.6122 or FS 741.465 as (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:

- Sworn or civilian law enforcement officers, or civilian staff incl. correctional and correctional probation officers [FS 119.071(4)(d)2.a.]
- Dept of Children and Family investigator [FS 119.071(4)(d)2.a.]
- Dept of Health investigator of child abuse or neglect [FS 119.071(4)(d)2.a.]
- Dept of Revenue or local governments revenue collection/child support enforcement personnel [FS 119.071(4)(d)2.a.]
- FL Dept of Financial Services investigative personnel [FS 119.071(4)(d)2.b.]
- Nonsworn investigative personnel of the Office of Financial Regulation's Bureau of Financial Investigations [F.S. 119.071(4)(d)2.c.]
- Firefighter [FS 119.071(4)(d)2.d.]
- Justices or judges [FS 119.071(4)(d)2.e.]
- State attorney and ASAs [FS 119.071(4)(d)2.f.]
- Statewide prosecutor and asst statewide prosecutors [FS 119.071(4)(d)2.f.]
- General or Special Magistrate [FS 119.071(4)(d)2.g.]
- Judge of Compensation Claims, Administrative Law Judge [FS 119.071(4)(d)2.g.]
- Child Support Hearing Officer [FS 119.071(4)(d)2.g.]
- 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]
- Local Govt. or Water Mgt. District Labor or employee relations manager/assistant manager [FS 119.071(4)(d)2.h.]
- Code enforcement officer [FS 119.071(4)(d)2.i.]
- Guardian ad litem [FS 119.071(4)(d)2.j.]
- Juvenile probation/detention officer, house parent, therapy provider, counselor and their supervisors [FS 119.071(4)(d)2.k.]
- Public Defender and APDs [FS 119.071(4)(d)2.l.]
- Victim of violent crime [FS 119.071(2)(j)1] *
- Victim of an incident of mass violence [FS 119.071(2)(o)] *
- Child advocacy center director, manager, supervisor, clinical employee of [FS 119.071(4)(d)2.t.]
- Criminal conflict counsel and civil regional counsel [FS 119.071(4)(d)2.l.]
- Dept of Business Regulation investigators and inspectors [FS 119.071(4)(d)2.m.]
- Tax collectors (current only) [FS 119.071(4)(d)2.n.]
- Dept of Health personnel involved in eligibility, investigation, prosecution, and inspection [FS 119.071(4)(d)2.o.]
- Impaired practitioner consultants retained by an agency [F.S. 119.071(4)(d)2.p.]
- Emergency medical technician or paramedic [FS 119.071(4)(d)2.q.]
- 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.]
- Addiction treatment facility director, manager, supervisor, nurse, or clinical employee [FS 119.071(4)(d)2.s.] *
- U.S. Attorney and AUSAs [FS 119.071(5)(i)1.] *
- U.S. Judge or U.S. Magistrate [FS 119.071(5)(i)1.] *
- Member of US Armed Forces, reserve, or National Guard, who served after 9/11/01 [FS 119.071(5)(k)1.] *
- Victim of Domestic Violence participating in the Address Confidentiality Program [FS 741.465]
- Public Guardians and employees with fiduciary responsibilities [FS 744.21031]
- Domestic violence center current or former staff and advocates [FS 119.071(4)(d)2.u.]

***Names of spouse/children for marked individuals are not exempt**

REQUESTOR CONTACT INFORMATION

Printed Name: _____

Telephone Number: _____ Email address: _____

INFORMATION TO BE REDACTED

Address where I (or qualifying spouse or child) **reside** (physical, mailing, or street address): _____

The following additional address information for address where I reside: legal property description (consider title implications), parcel identification number, plot identification number, neighborhood name and lot number, GPS coordinates, other description property information that may reveal home address: _____

Telephone Number(s) _____

Social Security Number (**do not list SSN**) / Date of Birth: _____

Names of spouse and/or children to be redacted:** _____

Place(s) of Employment/Location: _____

Name and Location of School/Daycare Facility of child): _____

Personal assets (*crime victim*): _____

WARNING: There may be consequences to redacting information on a public record, which is a risk undertaken by the requestor. Only the documents identified by the requestor will be redacted. Once redaction is requested and completed, future redactions require an additional redaction request.

**However, grantor, grantee, or party names cannot be removed. F.S. 28.2221(2)(b).

PUBLIC RECORD: This form is itself a public record. If a copy of it is requested, all exempt information contained in this form will be redacted.

DOCUMENTS TO BE REDACTED

I hereby agree that the City of Stuart 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.

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 documents that include removed information that must be restored:

The information provided on this request for confidentiality is itself to be kept confidential. Confidential information is defined as: a physical address, mailing address, street address, parcel ID number, plot ID number, legal property description, neighborhood name, lot number, GPS coordinates, any descriptive property information that reveals the home address, social security number, dates of birth, photographs, phone number, names of spouses and/or children, place of employment of spouse or children, names and addresses of child's school or day care center. Redaction of family members is subject to the qualifying individual's employment. The information may only be used by the City of Stuart's staff in order to process my request for confidentiality. I agree to indemnify and hold harmless the City of Stuart, Florida and the staff for any consequences arising from this request for confidentiality. I understand that my classification may or may not be subject to the Open Government Sunset Review Act in accordance with §119.15, Florida Statutes.

Print Name: _____

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 by means of physical presence or online notarization on (date) _____, 20____, by (affiant name) _____

NOTARY PUBLIC or DEPUTY CLERK

{Print, type, or stamp commissioned name of notary or clerk}

_____ Personally known, OR

_____ Produced identification; Type of identification produced/ID# _____