



### Law Enforcement/Public Safety Request to Remove Information from Public Inspection

I am filing this request to remove information from public inspection in the Orange County Official Records in accordance with §119.071, F.S. I hereby swear or affirm that the following information is true and correct.

I attest that I am an individual covered under §119.071, F.S. as:

Check the appropriate item (only one):

- |  |    |   |
|--|----|---|
| <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  |

By submitting this form, you are requesting that the Orange County Comptroller **permanently redact** your home address, telephone number, date of birth, photographs, name of spouse and children (only if you provide their names below), place of employment of spouse and children, name and location of school and day care facilities attended by children of the below personnel as stated in Chapter 119.071 F.S. from the public records submitted with or stated on page 2 of this request.

- |   |                         |
|---|-------------------------|
| <input type="checkbox"/> Law Enforcement including Correctional, Correctional Probation Officers                | §119.071(4)(d)2.a. F.S. |
| <input type="checkbox"/> Department of Children and Family Services   | §119.071(4)(d)2.a. F.S. |
| <input type="checkbox"/> Department of Health ( <i>Support the investigation of child abuse or neglect.</i> )   | §119.071(4)(d)2.a. F.S. |
| <input type="checkbox"/> Department of Revenue or Local Government  | §119.071(4)(d)2.a. F.S. |
| <input type="checkbox"/> Department of Financial Services ( <i>investigation of fraud, theft, etc.</i> )        | §119.071(4)(d)2.b. F.S. |
| <input type="checkbox"/> Office of Financial Regulation Bureau of Financial Investigations                      | §119.071(4)(d)2.c. F.S. |
| <input type="checkbox"/> Firefighter  | §119.071(4)(d)2.d. F.S. |
| <input type="checkbox"/> Justice or Judge   | §119.071(4)(d)2.e. F.S. |
| <input type="checkbox"/> State Attorney, Asst. State Attorney or Statewide Prosecutor                           | §119.071(4)(d)2.f. F.S. |
| <input type="checkbox"/> General Magistrates or Special Magistrates   | §119.071(4)(d)2.g. F.S. |
| <input type="checkbox"/> Child Enforcement Hearing Officer  | §119.071(4)(d)2.g. F.S. |
| <input type="checkbox"/> Human Resource, Labor or Employee Relations  | §119.071(4)(d)2.h. F.S. |
| <input type="checkbox"/> Code Enforcement Officer   | §119.071(4)(d)2.i. F.S. |
| <input type="checkbox"/> Guardian Ad Litem  | §119.071(4)(d)2.j. F.S. |
| <input type="checkbox"/> Juvenile Officer or Juvenile Supervisor  | §119.071(4)(d)2.k. F.S. |
| <input type="checkbox"/> Public Defenders   | §119.071(4)(d)2.l. F.S. |
| <input type="checkbox"/> Department of Business and Professional Regulation, Investigators & Inspectors         | §119.071(4)(d)2.m. F.S. |
| <input type="checkbox"/> Tax Collector  | §119.071(4)(d)2.n. F.S. |
| <input type="checkbox"/> Department of Health ( <i>Determination of social security benefits</i> )              | §119.071(4)(d)2.o. F.S. |
| <input type="checkbox"/> Impaired Practitioner Consultant   | §119.071(4)(d)2.p. F.S. |
| <input type="checkbox"/> Emergency Medical Technicians or Paramedics certified under chapter 401                | §119.071(4)(d)2.q. F.S. |
| <input type="checkbox"/> Inspector General or Internal Audit ( <i>investigating waste, fraud, abuse, etc.</i> ) | §119.071(4)(d)2.r. F.S. |
| <input type="checkbox"/> Child Advocacy Center  | §119.071(4)(d)2.t. F.S. |

By submitting this form, you are requesting that the Orange County Comptroller **permanently redact** your home address, telephone number, date of birth, photographs, place of employment of spouse and children, name and location of school and day care facilities attended by children as stated in Chapter 119.071 F.S. The name of your spouse and/or children are not exempt.

- |  |                         |
|--|-------------------------|
| <input type="checkbox"/> Victim of a Violent Crime                           | §119.071(2)(j)(1) F.S.  |
| <input type="checkbox"/> Victim of mass violence                             | §119.071(2)(o) F.S.     |
| <input type="checkbox"/> Addiction Treatment Facility Personnel              | §119.071(4)(d)2.s. F.S. |
| <input type="checkbox"/> U.S. Attorney, U.S. Judge, U.S. Magistrate          | §119.071(5)(i)(1) F.S.  |
| <input type="checkbox"/> Service members who served after September 11, 2001 | §119.071(5)(k)(1) F.S.  |

My full name is: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Other names that I may have used: \_\_\_\_\_

My Spouse's name is: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home address (including city, state, and zip code): \_\_\_\_\_

My Child/Children's name is: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

This request for removal of information from public inspection is itself to be kept confidential. It may only be used by the Orange County Comptroller's staff in order to process my request.

I agree to indemnify and hold blameless the Orange County Comptroller and the Comptroller's staff for actions or reactions that may be the direct or indirect result of my request. Further, I agree to personally identify those documents of record pertaining to me. **Note:** Other governmental agencies may wish to contact you in regard to actions that pertain to, or affect, your property or property rights. The Orange County Comptroller requires your permission before forwarding your mailing address to these governmental agencies:

Select one of the following:

YES  I authorize the Orange County Comptroller to release my mailing address to other governmental agencies.

NO  I do not authorize the Orange County Comptroller to release my mailing address to other governmental agencies with the exception of the Property Appraiser and Tax Collector for the purpose of mailing tax statements.

**Signature: Please sign your full name in the box below. If you are submitting this form electronically, typing your name in the space below will be considered an "electronic signature".**

Name:

Date:

**The following section is to be completed during or after a visit to the Orange County Comptroller's document search feature at [www.occompt.com](http://www.occompt.com) or the office at 109 East Church St., Suite # 300, Orlando, FL 32801.**

As a result of my review of the Official Records of Orange County, I hereby agree that the Orange County Comptroller's Official Records staff has my permission to modify a copy of the following documents in accordance with §119.071, F.S. I understand that only the modified copy will be made available to the public.

Document Number	Book	Page	Document Number	Book	Page
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
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