



Supervisor of Elections – Citrus County, Florida

PUBLIC RECORDS EXEMPTION REQUEST

(Rev. 06/2015)

Florida law allows certain persons to request that an agency not publicly disclose specific identification and/or location information contained in any of its agency records. Please refer to sections 119.071 (2)(j), (4)(d) and (5)(i), 265.605, and 267.17, Fla. Stat., or other applicable statute for scope of protection which may include home address, phone numbers, photos, name of spouse and/or children, and their place of employment, and/or school or daycare care facility, date of birth.

To request the exemption for records in our agency, please complete the form and return to: Supervisor of Elections, 120 N. Apopka Ave. Inverness, Florida 34450. For more information, contact 352-341-6740.

To request that the exemption extend to your spouse and/or children (not applicable for donor* or victim* of battery, abuse, harassment, or stalking) please submit a separate sheet with the name, date of birth, and relationship for purposes of identifying them in any public records within the custody of the agency. (If you have attached supplemental pages, check here)

I hereby request the exemption (check applicable exemption category for which you and/or the person(s) named below are eligible):

- | | |
|--|---|
| <input type="checkbox"/> Code Enforcement Officer. | <input type="checkbox"/> Judge - district court of appeal, circuit court and county court, or justice of the Florida Supreme Court. |
| <input type="checkbox"/> County Tax Collector † | <input type="checkbox"/> Judicial or quasi-judicial officer (general and special magistrate, judge of compensation claims, administrative law judge of the Division of Administrative Hearings, and child support enforcement hearing officer) † |
| <input type="checkbox"/> Dept. of Business and Professional Regulation-investigators and inspectors† | <input type="checkbox"/> Juvenile probation officer, juvenile probation supervisor, detention superintendent, assistant detention superintendent, senior juvenile detention officer, juvenile detention officer supervisor, juvenile detention officer, house parent I and II, house parent supervisor, group treatment leader, group treatment leader supervisor, rehabilitation therapist, and social services counselor of the Dept. of Juvenile Justice |
| <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"/> Law enforcement personnel including correctional officers and correctional probation officers |
| <input type="checkbox"/> Dept. of Health personnel whose duties support the investigations of child abuse or neglect, determination of benefits, or the investigation, inspection, or prosecution of health care practitioners | <input type="checkbox"/> Prosecutor (state attorney, assistant state attorney, statewide prosecutor, assistant statewide prosecutor) |
| <input type="checkbox"/> Dept. of Health personnel 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 † | <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"/> Dept. of Revenue personnel or local government personnel whose duties relate to revenue collection and enforcement or child support enforcement | <input type="checkbox"/> Servicemembers who served in armed forces, reserve forces, and National Guard after 9/11/2001† |
| <input type="checkbox"/> Donor or prospective donor,* Cultural Endowment Program Trust Fund, Citizen Support Organizations or National, Historic Landmarks (publicly owned houses) | <input type="checkbox"/> U.S. attorney or assistant attorney, U.S. appellate judge, U.S. district court judge and U.S. magistrate † |
| <input type="checkbox"/> Firefighter certified in compliance with s. 633.408, F.S. | <input type="checkbox"/> Victim* of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence [Attach official verification that crime occurred. 5-year exemption. Contact Attorney General's Office (850-414-3990) about eligibility for separate Address Confidentiality Program [See s. 741.465, Fla. Stat] |
| <input type="checkbox"/> Guardian ad litem† | <input type="checkbox"/> Other (list applicable statute): _____ |
| <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"/> Impaired practitioner consultants whose duties result in a determination of a person's skill and safety to practice a licensed profession † | |

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

Home Address: _____

Signature: _____ **Date:** _____

If employing agency makes request for the employee, add agency name, agency requester's name and title to the signature line.

†For specific category selected, person certifies, by signature herein, that he or she has made reasonable efforts to protect information from being publicly accessible.

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Public Records Exemption Request

Family Member (spouse and/or children)

(Supplemental page)

Name of Person Exempt: _____ Exemption Category: _____

Family Member: _____ Date of Birth: _____ Relationship: _____

Family Member: _____ Date of Birth: _____ Relationship: _____

Family Member: _____ Date of Birth: _____ Relationship: _____

Family Member: _____ Date of Birth: _____ Relationship: _____

Family Member: _____ Date of Birth: _____ Relationship: _____

Family Member: _____ Date of Birth: _____ Relationship: _____