



REQUEST FOR REDACTION OF EXEMPT PERSONAL
INFORMATION FROM NON-JUDICIAL PUBLIC RECORDS

OFFICE OF THE TOWN CLERK
TOWN OF LOXAHATCHEE GROVES
155 F ROAD, LOXAHATCHEE GROVES, FL 33470
pr@loxahatcheegrovesfl.gov - (561) 807-6672

I request to have exempt personal information removed from records maintained by the **Town of Loxahatchee Groves** as a (select all that apply):

- ☐ Government agency employee in the category checked below.
- ☐ Spouse of a government agency employee in the category checked below.
- ☐ Child of a government agency employee in the category checked below.
- ☐ Protected individual requesting redaction in the category checked below.

Statutory Basis for Removal:

- ☐ Victim of a violent crime [s. 119.071(2)(j)1, F.S.]*
- ☐ Victim of an incident of mass violence [s. 119.071(2)(o), F.S.]**

ACTIVE/CURRENT OR FORMER:

- ☐ Sworn or civilian law enforcement personnel [s. 119.071(4)(d)2.a., F.S.]
- ☐ Correctional or probation officer [s. 119.071(4)(d)2.a., F.S.]
- ☐ Dept. of Children and Families investigator [s. 119.071(4)(d)2.a., F.S.]
- ☐ Dept. of Health investigator of child abuse or neglect [s. 119.071(4)(d)2.a., F.S.]
- ☐ Dept. of Revenue or local government child support collection/enforcement personnel [s. 119.071(4)(d)2.a., F.S.]
- ☐ Dept. of Financial Services nonsworn investigative personnel [s. 119.071(4)(d)2.b., F.S.]
- ☐ Office of Financial Regulation's Bureau of Financial Investigations nonsworn investigative personnel [s. 119.071(4)(d)2.c., F.S.]
- ☐ Firefighter [s. 119.071(4)(d)2.d., F.S.]
- ☐ Supreme Court Justice, district court of appeal judge, circuit court judge, county court judge [s. 119.071(4)(d)2.e., F.S.]
- ☐ State attorney or asst. state attorney [s. 119.071(4)(d)2.f., F.S.]
- ☐ Statewide prosecutor or asst. statewide prosecutor [s. 119.071(4)(d)2.f., F.S.]
- ☐ Local government agency or water mgmt. district director, asst. director, manager, asst. manager of human resources, labor relations, or employee relations [s. 119.071(4)(d)2.h., F.S.]
- ☐ Code enforcement officer [s. 119.071(4)(d)2.i., F.S.]
- ☐ Guardian ad litem [s. 119.071(4)(d)2.j., F.S.]
- ☐ Dept. of Juvenile Justice juvenile probation officer or supervisor; detention superintendent or asst.; juvenile justice detention officer; residential officer, counselor, or supervisor; human services counselor or senior counselor administrator; rehabilitation therapist; social services counselor [s. 119.071(4)(d)2.k., F.S.]
- ☐ Public defender or asst. public defender [s. 119.071(4)(d)2.l., F.S.]
- ☐ Criminal conflict or civil regional counsel or assistant [s. 119.071(4)(d)2.l., F.S.]
- ☐ Dept. of Business and Professional Regulation investigator or inspector [s. 119.071(4)(d)2.m., F.S.]
- ☐ Dept. of Health personnel involved in social security disability eligibility, investigation or prosecution of complaints, and inspection [s. 119.071(4)(d)2.o., F.S.]
- ☐ Impaired practitioner consultants retained by an agency or their employee with duties determining a person's skill to practice licensed professions [s. 119.071(4)(d)2.p., F.S.]

- ☐ Emergency medical technician or paramedic [s. 119.071(4)(d)2.q., F.S.]
- ☐ Agency office inspector general or internal audit personnel with auditing or potential criminal investigation/disciplinary duties [s. 119.071(4)(d)2.r., F.S.]
- ☐ Addiction treatment facility director, manager, supervisor, nurse, or clinical employee [s. 119.071(4)(d)2.s., F.S.]**
- ☐ Child advocacy center director, manager, supervisor, or clinical employee [s. 119.071(4)(d)2.t., F.S.]
- ☐ Child Protection Team member as described in s. 39.303 with investigatory or multidisciplinary case review team duties [s. 119.071(4)(d)2.t., F.S.]
- ☐ Domestic violence advocate or staff [s. 119.071(4)(d)2.u., F.S.]
- ☐ Dept. of Agriculture and Consumer Services inspector or investigator [s. 119.071(4)(d)2.v., F.S.]
- ☐ Florida Gaming Control Commission commissioner [s. 119.071(4)(d)2.x., F.S.]
- ☐ U.S. attorney, asst. attorney, Court of Appeal judge, district judge, or magistrate [s. 119.071(5)(i)1., F.S.]**
- ☐ Military personnel authorized to access secret information or servicemember of a special operations force as defined in s. 943.10(22) [s. 119.071(5)(k), F.S.]**
- ☐ Public guardian or employee with fiduciary responsibility [s. 744.21031, F.S.]

CURRENT:

- ☐ Judicial assistant [s. 119.071(4)(d)2.e., F.S.]
- ☐ General or special magistrate [s. 119.071(4)(d)2.g, F.S.]
- ☐ Judge of compensation claims or administrative law judge of DOAH [s. 119.071(4)(d)2.g, F.S.]
- ☐ Child support enforcement hearing officer [s. 119.071(4)(d)2.g, F.S.]
- ☐ County tax collector [s. 119.071(4)(d)2.n., F.S.]
- ☐ County or city attorney or asst. or deputy county or city attorney who does not qualify as a candidate for election to public office [s. 119.071(4)(d)2.w., F.S.]
- ☐ Clerk of the Circuit Court, deputy Clerk, or Clerk personnel [s. 119.071(4)(d)2.y., F.S.]
- ☐ Congressional Member or Public Officer [s. 119.071(4)(d)2.z., F.S.]***

*Attach official verification of crime (i.e. police report or injunction). Five-year renewable exemption.

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

***Partial Home Address (**not including city and zip code**)

NOTE: Grantor, grantee, or party names cannot be removed from Official Records unless they contain the street address.

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: _____

☐ Name 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*): _____

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.

Signature

Date

STATE OF FLORIDA
COUNTY OF PALM BEACH

Sworn to (or affirmed) and signed before me by means of ☐ physical presence or ☐ online notarization, this ____ day of _____, 20____, by _____.

☐ Personally Known to me or ☐ who has produced _____ as identification.

(SEAL)

Signature of Notary Public

Print, Type, or Stamp Name of Notary Public