



## 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  
prr@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:

<input type="checkbox"/> Victim of a violent crime [s. 119.071(2)(j)1, F.S.]*	<input type="checkbox"/> Emergency medical technician or paramedic [s. 119.071(4)(d)2.q., F.S.]
<b>ACTIVE/CURRENT OR FORMER:</b>	
<input type="checkbox"/> Sworn or civilian law enforcement personnel [s. 119.071(4)(d)2.a., F.S.]	<input type="checkbox"/> 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.]
<input type="checkbox"/> Correctional or probation officer [s. 119.071(4)(d)2.a., F.S.]	<input type="checkbox"/> Addiction treatment facility director, manager, supervisor, nurse, or clinical employee [s. 119.071(4)(d)2.s., F.S.]**
<input type="checkbox"/> Dept. of Children and Families investigator [s. 119.071(4)(d)2.a., F.S.]	<input type="checkbox"/> Child advocacy center director, manager, supervisor, or clinical employee [s. 119.071(4)(d)2.t., F.S.]
<input type="checkbox"/> Dept. of Health investigator of child abuse or neglect [s. 119.071(4)(d)2.a., F.S.]	<input type="checkbox"/> 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.]
<input type="checkbox"/> Dept. of Revenue or local government child support collection/enforcement personnel [s. 119.071(4)(d)2.a., F.S.]	<input type="checkbox"/> Domestic violence advocate or staff [s. 119.071(4)(d)2.u., F.S.]
<input type="checkbox"/> Dept. of Financial Services nonsworn investigative personnel [s. 119.071(4)(d)2.b., F.S.]	<input type="checkbox"/> Dept. of Agriculture and Consumer Services inspector or investigator [s. 119.071(4)(d)2.v., F.S.]
<input type="checkbox"/> Office of Financial Regulation's Bureau of Financial Investigations nonsworn investigative personnel [s. 119.071(4)(d)2.c., F.S.]	<input type="checkbox"/> Florida Gaming Control Commission commissioner [s. 119.071(4)(d)2.x., F.S.]
<input type="checkbox"/> Firefighter [s. 119.071(4)(d)2.d., F.S.]	<input type="checkbox"/> U.S. attorney, asst. attorney, Court of Appeal judge, district judge, or magistrate [s. 119.071(5)(i)1., F.S.]**
<input type="checkbox"/> Supreme Court Justice, district court of appeal judge, circuit court judge, county court judge [s. 119.071(4)(d)2.e., F.S.]	<input type="checkbox"/> 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.]**
<input type="checkbox"/> State attorney or asst. state attorney [s. 119.071(4)(d)2.f., F.S.]	<input type="checkbox"/> Public guardian or employee with fiduciary responsibility [s. 744.21031, F.S.]
<input type="checkbox"/> Statewide prosecutor or asst. statewide prosecutor [s. 119.071(4)(d)2.f., F.S.]	<b>CURRENT:</b>
<input type="checkbox"/> 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.]	<input type="checkbox"/> Judicial assistant [s. 119.071(4)(d)2.e., F.S.]
<input type="checkbox"/> Code enforcement officer [s. 119.071(4)(d)2.i., F.S.]	<input type="checkbox"/> General or special magistrate [s. 119.071(4)(d)2.g, F.S.]
<input type="checkbox"/> Guardian ad litem [s. 119.071(4)(d)2.j., F.S.]	<input type="checkbox"/> Judge of compensation claims or administrative law judge of DOAH [s. 119.071(4)(d)2.g, F.S.]
<input type="checkbox"/> 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.]	<input type="checkbox"/> Child support enforcement hearing officer [s. 119.071(4)(d)2.g, F.S.]
<input type="checkbox"/> Public defender or asst. public defender [s. 119.071(4)(d)2.l., F.S.]	<input type="checkbox"/> County tax collector [s. 119.071(4)(d)2.n., F.S.]
<input type="checkbox"/> Criminal conflict or civil regional counsel or assistant [s. 119.071(4)(d)2.l., F.S.]	<input type="checkbox"/> 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.]
<input type="checkbox"/> Dept. of Business and Professional Regulation investigator or inspector [s. 119.071(4)(d)2.m., F.S.]	<input type="checkbox"/> Clerk of the Circuit Court, deputy Clerk, or Clerk personnel [s. 119.071(4)(d)2.y., F.S.]
<input type="checkbox"/> 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.]	<input type="checkbox"/> Congressional Member or Public Officer [s. 119.071(4)(d)2.z., F.S.]***
<input type="checkbox"/> 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.]	<p>*Attach official verification of crime (i.e. police report or injunction). Five-year renewable exemption.</p> <p>**Names of spouse/children for marked individuals are not exempt.</p> <p>***Partial Home Address (<b>not including city and zip code</b>)</p> <p><b>NOTE: Grantor, grantee, or party names cannot be removed from Official Records unless they contain the street address.</b></p>

## 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.

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Signature

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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.

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Signature of Notary Public

(SEAL)

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Print, Type, or Stamp Name of Notary Public