#### LEON COUNTY, FLORIDA PUBLIC RECORDS EXEMPTION REQUEST

Florida law allows certain persons to request that an agency not publicly disclose specific personal identifying information contained in any of its agency records. Please refer to sections 119.071(2), (4), and (5), Fla. Stat., or other applicable statutes for the scope of personal information protected. Such information may, in some cases, include your home address, phone numbers, photos, the name of your spouse and/or children, or dependents, and their place of employment, and/or school or daycare facility, and date of birth.

### IMPORTANT INSTRUCTIONS:

- Submission of this Request form is only relevant if Leon County, Florida (the County), has records identifying you or your spouse/child/dependent. Please note that you will need to contact and submit an exemption request to the offices of other constitutional officers (e.g. the Sheriff, Clerk, Property Appraiser, State Attorney, Public Defender) or other governmental entities (e.g. Blueprint, City of Tallahassee); the County does not process records requests for those organizations.
- Please submit a separate form for each individual to whom an exemption applies (i.e. a separate form for you, your spouse, your child or dependent) and mark both the status and relationship on each form.
- A new Request for Exemption from Public Records form must be submitted if there is a change in your information or status as an individual qualifying for an exemption (e.g. if you are no longer married to someone who qualifies for an exemption). By submitting this form, you agree to notify the Public Records Manager of the Leon County Attorney's Office of any changes.
- Note, email addresses are not exempt under Chapter 119, Fla. Stat. If you do not want your e-mail address released in response to a public records request, do not send electronic mail to Leon County or provide your email on this request.

Submit completed and signed form, and notarized if applicable, to:

Public Records Manager • Leon County Attorney's Office 301 S. Monroe St., Suite 202 • Tallahassee, FL 32301 Or via email: <u>boccpublicrecordsrequests@leoncountyfl.gov</u>

Please print clearly or type the following information:

Full legal name of exempt individual:

Other aliases used, if applicable:

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

Telephone Number(s):

If you are requesting a public records exemption, you must fully complete all applicable pages of this exemption request form. IF YOU DO NOT IDENTIFY WHICH SPECIFIC STATUTORY EXEMPTION APPLIES TO YOU LEON COUNTY WILL <u>NOT</u> IMPLEMENT YOUR EXEMPTION.

Please List EACH exemption that applies to you, CHECK only the sections which apply. Attach an additional page if needed.

## I am the individual who is exempt.

Qualified position title and specific Florida statutory exemption. For example: "Supreme Court Judge, and s.119.071(4)(d)2.e."	The qualified position is a Current or Former position (list which)	
Qualified Position:   The subsection(s) of 119.071 or other statute(s) applicable to me are listed below:	Current Or Former	
Please list each Division/Office/Department of Leon County, Florida, that maintains records that you believe includes your exempt information:		

# I am the Spouse of an individual who is exempt for the reason I listed, and I am claiming the spousal exemption.

Qualified position title and specific Florida statutory exemption. For example: "Supreme Court Judge, and s.119.071(4)(d)2.e."	The qualified position is a Current or Former position (list which)	
Qualified Position: The subsection(s) of 119.071 or other statute(s) applicable to me are listed below:	Current Or Former	
Please list each Division/Office/Department of Leon County, Florida, that maintains records that you believe includes your exempt information:		

### I am a Child/Dependent of an exempted individual: Child or Dependent

Qualified position title and specific Florida statutory exemption. For example: "Supreme Court Judge, and s.119.071(4)(d)2.e."	The qualified position is a Current or Former position (list which)	
Qualified Position: The subsection(s) of 119.071 or other statute(s) applicable to me are listed below:	Current Or Former	
Please list each Division/Office/Department of Leon County, Florida, that maintains records that you believe includes your exempt information:		

Requests must be notarized pursuant to Section 119.071(4)(d)3., Fla. Stat., unless your qualified position identified above is one of the limited positions that only requires the written statement on page 4. If notarization is required and the applicable section below is not completed, the County cannot honor your exemption.

### NOTARIZATION SECTION

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print your full name:

Pursuant to Section 119.071(4)(d)3., Fla. Stat., your request must be notarized. The requestor hereby swears or affirms, under penalty of perjury, that the information contained in the foregoing public record exemption form is true and correct.

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

Sworn t	o and subscribe	d before me by means o	of () physical presence or (	) online notar	izatio	on,
this	day of	, 20, by		, () v	who	is
persona	lly known to m	e or ( ) produced	í	as identification	1.	

(NOTARY SEAL)

Print Name:			
My Commis	sion Expires:_		

WRITTEN STATEMENT: I hereby affirm the following: I have reviewed the appropriate section(s) of law that I listed above. I am an individual, or the parent/guardian of an exempt individual, pursuant to the public records exemption(s) indicated above. All information on this form is true and correct. If applicable to my statutory exemption, I have made reasonable efforts to protect such information from being accessible through other means available to the public. I shall notify Leon County, Florida, should there be any changes to the exemption status I am claiming.

Signature:	Date:
Print your full name:	