

**REQUEST FOR CONFIDENTIALITY (OFFICIAL RECORDS)**  
**"Congressional Member/Public Officer Request Form"**

**Send Request to:** Laura E. Roth  
Clerk of the Circuit Court, Volusia County  
P.O. Box 6043, DeLand, FL. 32721-6043

I am filing this request for confidentiality with the Volusia County Clerk of the Circuit Court for the exemption of information located in the Volusia County Official Records pursuant to Chapter 119.071 and 24(a) Florida Statutes. This document will need to be Notarized. Partial Home Address will apply to the Florida Statute on this request which omits the City and Zip Code. I understand that the exempt status will only be maintained only until the qualifying conditions

**Check all that apply to YOU as the requestor:**

- ☐ Current Congressional Member/Public Officer  
☐ Spouse of current Congressional Member/Public Officer  
☐ Adult child of current Congressional Member/Public Officer

**Statutory Basis for Removal:** 119.071(4)(d)2.z. F.S. and additional data required to be collected by 119.071(4)(d).3.b. F.S.

<b><u>Title</u></b>	<b><u>Date of Election/Appointment</u></b>	<b><u>Date of next election</u></b>
<input type="checkbox"/> Member U.S. House of Representatives	_____	_____
<input type="checkbox"/> Member U.S. Senate	_____	_____
<input type="checkbox"/> Governor	_____	_____
<input type="checkbox"/> Lieutenant Governor	_____	_____
<input type="checkbox"/> Chief Financial Officer	_____	_____
<input type="checkbox"/> Attorney General	_____	_____
<input type="checkbox"/> Agriculture Commissioner	_____	_____
<input type="checkbox"/> State Representative	_____	_____
<input type="checkbox"/> State Senator	_____	_____
<input type="checkbox"/> Property Appraiser	_____	_____
<input type="checkbox"/> Supervisor of Elections	_____	_____
<input type="checkbox"/> School Superintendent	_____	_____
<input type="checkbox"/> School Board member	_____	_____
<input type="checkbox"/> Mayor	_____	_____
<input type="checkbox"/> City Commissioner	_____	_____
<input type="checkbox"/> County Commissioner	_____	_____

**Minor Children of the Above:**

Name: _____	Date of Majority: _____
Name: _____	Date of Majority: _____
Name: _____	Date of Majority: _____
Name: _____	Date of Majority: _____

**REQUESTOR CONTACT INFORMATION**

Printed Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

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**INFORMATION TO BE REDACTED**

Please check **ALL** the information to be redacted and provide applicable information as indicated. **Note: If the box is not checked that information will not be redacted**

☐ Partial Address where I (qualifying spouse or adult child) **reside** (physical, mailing, or street address) except for the City and Zip Code: \_\_\_\_\_

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 the partial home address: \_\_\_\_\_

☐ Telephone Number(s) \_\_\_\_\_

☐ Minor Child/Children\*\* names: \_\_\_\_\_ ☐ Date of Birth: \_\_\_\_\_

☐ Full Home Address of Minor Child if different from qualifying individual/spouse/adult child address listed above: \_\_\_\_\_

☐ Name and Location of School/Daycare Facility of Minor Child: \_\_\_\_\_

**WARNING:** There may be consequences to redacting information on a public record, which is a risk undertaken by the requestor. Only the documents identified by the requestor will be redacted. Once redaction is requested and completed, future redactions require an additional redaction request.

**\*\* Grantor, grantee, or party names cannot be removed unless the actual name includes the "street address" portion of the home address 28.2221(2)(b) F.S.**

**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.

**DOCUMENTS TO BE REDACTED**

Please do not list any document that does not contain exempt information pursuant to §119.071, Florida Statutes. Attach an additional sheet if there are more documents to be redacted than listed below.

As a result of my review of the Official Records of Volusia County, I hereby agree that the Volusia County Clerk of Circuit Court Official Records staff has my permission to modify a copy of the following documents in accordance with the particulars of Chapter 119.071 Florida Statutes. I understand that only the modified copy will be made available to the public, unless otherwise ordered by a court of competent jurisdiction.

<u>NAME OF DOCUMENT</u>	<u>INSTRUMENT NUMBER</u>	<u>BOOK</u>	<u>PAGE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## REQUEST FOR CONFIDENTIALITY (OFFICIAL RECORDS)

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**RELEASE TO GOVERNMENTAL AGENCIES:** an un-redacted version of these documents will be provided to the Property Appraiser and Tax Collector to allow them to perform their governmental duties and responsibilities. To redact information held by the Property Appraiser or Tax Collector you must make a written request to those agencies directly under Section 119.071 (4)(d)(4). To redact information held by the Property Appraiser or Tax Collector, contact their office. If you wish to release your information to other individuals or entities, please complete a Request to Release Redacted Information on Recorded Documents form.

**RELEASE FOR TITLE SEARCHES:** an un-redacted version of these documents may be provided to title insurers, agents or agencies and attorneys conducting title searches as authorized in section 28.2221(6)(b). Notice of any title search release will be sent to the most recent address on the recorded documents, on the redaction request, or on the sworn statement provided by the requestor.

#### COURTESY NOTICE - RELEASE OF PRIOR REDACTIONS:

\*\*\*IMPORTANT INFORMATION\*\*\*

If you have previously requested protection of a partial home address that is no longer your residence, you are required **by law** to submit a written, notarized request to release the removed information. Please indicate any prior redactions that must be removed for Volusia County below. If the property is located in another County, please contact them:

<u>Instrument Number:</u>	<u>Book:</u>	<u>Page:</u>	<u>Document Type:</u>
<u>Instrument Number:</u>	<u>Book:</u>	<u>Page:</u>	<u>Document Type:</u>
<u>Instrument Number:</u>	<u>Book:</u>	<u>Page:</u>	<u>Document Type:</u>

Requester Signature: \_\_\_\_\_

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

Requester Print: \_\_\_\_\_

State of Florida

County of \_\_\_\_\_

The Foregoing instrument was Sworn to (or affirmed) and subscribed before me by means of  
\_\_\_\_ Physical Presence or \_\_\_\_ Online Notarization

by (affiant name) \_\_\_\_\_,

on this (date) \_\_\_\_\_ Day of (month) \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC (Signature)

Stamp/Seal

\_\_\_\_\_  
NOTARY PUBLIC (Print)

Personally Known \_\_\_\_ or Produced Identification \_\_\_\_ Type of ID Produced \_\_\_\_\_