

# REQUEST FOR CONFIDENTIALITY

SEND TO: Mary M. Johnson  
Clerk of the Circuit Court  
P.O. Box 472  
Milton, FL 32572

Please note that the signed original of this form must be received by the Clerk's Office. Faxed copies cannot be accepted.

I am filing this request for confidentiality in the Santa Rosa County Official Records in accordance with §119.071(4)(d). I hereby swear or affirm that the following information is true and correct.

I attest that I am an individual covered under §119.071(4)(d) as:

I am a \_\_\_\_\_ current or \_\_\_\_\_ former  
\_\_\_\_\_ spouse of a current or \_\_\_\_\_ spouse of a former  
\_\_\_\_\_ child of a current or \_\_\_\_\_ child of a former

- \_\_\_\_\_ law enforcement employee
  - \_\_\_\_\_ county law enforcement
  - \_\_\_\_\_ municipal law enforcement
  - \_\_\_\_\_ correctional
  - \_\_\_\_\_ correctional probation
- \_\_\_\_\_ Dept. of Children and Families investigative employee whose duties include:
  - \_\_\_\_\_ abuse \_\_\_\_\_ neglect \_\_\_\_\_ exploitation
  - \_\_\_\_\_ fraud \_\_\_\_\_ theft \_\_\_\_\_ other criminal activities
- \_\_\_\_\_ Department of Revenue or Local Government employee with responsibility for:
  - \_\_\_\_\_ revenue collection and enforcement
  - \_\_\_\_\_ child support enforcement
- \_\_\_\_\_ State Attorney or State Prosecutor (state type: \_\_\_\_\_)
- \_\_\_\_\_ Firefighter
- \_\_\_\_\_ Justice or Judge (state type: \_\_\_\_\_)
- \_\_\_\_\_ Code Inspector
- \_\_\_\_\_ Code Enforcement Officer

**Please print clearly or use a typewriter to complete the following lines.**

My full name is: \_\_\_\_\_

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

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

Social Security Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

The information provided on this request for confidentiality is itself to be kept confidential. The information may only be used by the Santa Rosa County Clerk's staff in order to process my request for confidentiality.

I agree to indemnify and hold blameless the Santa Rosa County Clerk and the Clerk's staff for actions or reactions that may be the direct or indirect result of my request for confidentiality. Further, I agree to personally identify those documents of record pertaining to me.

Signature of Individual: \_\_\_\_\_

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

State of Florida

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

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_ by \_\_\_\_\_

Personally known \_\_\_\_\_ or produced identification \_\_\_\_\_.

Type of identification produced \_\_\_\_\_

Signature of Notary \_\_\_\_\_

**(This page to be completed after visiting the Clerk's web site [www.santarosaclerk.com](http://www.santarosaclerk.com) or else during/after a visit to the Santa Rosa County Clerk's Official Records Dept at 6495 Caroline Street in Milton Florida.)**

**DOCUMENTS TO BE COPIED AND MODIFIED FOR CONFIDENTIALITY**

As a result of my review of the Official Records of Santa Rosa County (either in the Official Records Office or via the Clerk's web site [www.santarosaclerk.com](http://www.santarosaclerk.com)), I hereby agree that the Santa Clerk's Official Records staff has my permission to modify a copy of the following documents in accordance with the particulars of Section 119.071(4)(d). I understand that the modified copy will be made available to the public without limitation.

The documents that pertain to me follow:

<u>Date Recorded</u>	<u>Instrument Number</u>	<u>Book</u>	<u>Page</u>
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Signature \_\_\_\_\_

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

Date Signed \_\_\_\_\_