



**Office of Nikki Alvarez-Sowles, Esq.  
Pasco County Clerk & Comptroller  
Official Records Division**

**REQUEST FOR REDACTION OF INFORMATION PURSUANT TO F.S. 119.071  
– PROTECTED STATUS**

*Pursuant to F.S. §119.071(4)(d)(5), in order for a person who is authorized under F.S. §119.071(4)(d)(2) to request an exemption from official records, the requestor must submit a request to the office of the Clerk & Comptroller, and specify the document type, name, identification number, and page number of the official record that contains the exempt information.*

Requests may be mailed or delivered in person to 14236 6th Street, Suite 201, Dade City, FL 33523, or 8731 Citizens Drive, Suite 220, New Port Richey, FL 34654, or emailed to [redact@pascoclerk.com](mailto:redact@pascoclerk.com).

- Current/former/government agency employee in the category checked below.
- Spouse of a current/former government agency employee in the category checked below.
- Child of a current/former government agency employee in the category checked below.

I \_\_\_\_\_, proclaim that I am entitled  
(Requestor)  
to protection of the confidential information listed under this statute due to my service, as noted  
in F.S. 119.071(4)(d)(2) as I am: (state position)

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

**Please redact the following additional address information for where I reside:**

Address where I **reside** (physical, mailing, or street address:) \_\_\_\_\_

- legal property description (consider title implications)  parcel identification number
- plot identification number  neighborhood name and lot number  GPS coordinates
- other descriptive property information that may reveal home address:

SSN  Date of Birth  Place(s) of Employment/Location: \_\_\_\_\_

Name/Location of School/Daycare Facility of Child: \_\_\_\_\_

Photo of Requestor  Personal assets (crime victim): \_\_\_\_\_

**Include the following name(s) of my child(ren) if under 18 YOA:**

\_\_\_\_\_  
\_\_\_\_\_

## AGREEMENT

I understand that this form is a public record. If a copy is requested, all exempt information contained herein will be redacted. I hereby agree to indemnify and hold harmless the Office of Clerk & Comptroller and its staff for any direct or indirect claims or damages that may arise in connection with this request for confidentiality. Further, I accept responsibility for identifying the documents of record pertaining to me, my spouse, or my child(ren). Additionally, a consequence of exercising this election is that documents evincing my ownership interests in real property will not be available for viewing by the general public. **In the event that I wish to demonstrate my ownership interest in real property (e.g., to corroborate financial disclosure, to facilitate title search, etc.), I acknowledge that I will have to submit a written request for the release of the exempt information to the Office of Clerk & Comptroller.** The written request must be notarized and must specify the information to be released and the party that is authorized to receive the information. Upon receipt of the written request, the Office shall release the specified information to the party authorized to receive such information. See F.S. §119.071(4)(d)(4)

Pursuant to F.S. §119.071(8) and F.S. §119.071(9), the exempt status of a home address contained in the Official Records is maintained only during the period when a protected party resides at the dwelling location. Upon conveyance of real property or upon death of property owner, a **Request to Release Removed Information Due to Conveyance or Death** must be completed.

I hereby request the removal of this information from the following official records documents:

Book _____ Page _____	Book _____ Page _____
Book _____ Page _____	Book _____ Page _____
Book _____ Page _____	Book _____ Page _____
Book _____ Page _____	Book _____ Page _____

**I am aware that ONLY the information listed in Florida Statutes may be removed from public record.**

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

SWORN TO (or affirmed) and subscribed before me by means of  physical appearance or  online notarization, this \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_.

Affiant Name

Affix Official Seal

Notary Public/Deputy Clerk: \_\_\_\_\_

Print Name: \_\_\_\_\_

Notary Commission # \_\_\_\_\_

Personally Known  or  Produced Identification

Type of ID: \_\_\_\_\_