

# REQUEST FOR CONFIDENTIALITY

**SEND TO:** Richard M. Weiss, Clerk  
Official Records Department  
Drawer CC-8, P.O. Box 9000  
Bartow, FL 33831-9000

Please note that the signed original of this form must be received by the Clerk of Court, Recording Department. Faxed copies cannot be accepted.

I am filing this request for confidentiality of my personal information in the Polk County Official Records in accordance with **119.071(4) (d) (1 - 8)**, Florida Statutes. I hereby swear or affirm that the following information is true and correct.

I attest that I am an individual covered under **119.07(4) (d) (1 - 8)** 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  Firefighter  
 Department 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: \_\_\_\_\_)  
 Judiciary (Check Type) - Justice \_\_, Judge \_\_, Federal District Judge \_\_, Appellate Judge \_\_, Federal Magistrate \_\_.  
 U.S. Attorneys, \_\_ Assistant U.S. Attorneys, \_\_ Special Magistrates, \_\_ Child Support Enforcement Hearing Officers.  
 Code Inspector  Code Enforcement Officer  
 Human resource, labor relations, or employee relations directors, assistant directors, managers, or assistant managers of any local government agency or water management district

**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: \_\_\_\_\_

I request that the personal information in the following document(s) be made confidential in the Official Records: (Provide detailed description of document including title of document, OR Book & Page number for each page of that document that must be changed and the information on that page that is to be changed. Attach additional pages if necessary)

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

**The information provided on this Request for Confidentiality shall be kept confidential. The information may only be used by the Polk County Recording Department staff in order to process my request or may be released upon entry of an order from the court. I understand that copies of the Official Records have been sold to third parties and that said copies are not available for redaction. I agree to indemnify and hold blameless the Polk County Clerk and the Recording Department's staff for actions or reactions that may be the direct or indirect result of my request for confidentiality.**

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 \_\_\_\_\_