



ACCOUNT INFORMATION BLOCKING

Please fill out completely. You may either send by mail, fax or email.

MAIL: Miami-Dade Water and Sewer Department
 Customer Service Division
 3071 SW 38 Avenue
 Miami, FL 33146

FAX: 786-552-8763

EMAIL: public.records.exemption@miamidade.gov

Pursuant to Section 119.071, Florida Statutes, I _____,
 attest that I qualify for an exemption from the Public Records Act based on the qualifying reasons on Page 2 of this form, and I request that my Miami-Dade Water and Sewer Department (WASD) account information be removed from public disclosure in accordance with Florida law.

By filing for this exemption, the information protected from public disclosure will be redacted on records requests moving forward. Please allow ten (10) business days for processing. I further understand that it is my responsibility to notify the WASD if my status changes and I no longer qualify for the exemption.

Name: _____

Phone Number: _____ Email: _____

Property Address:	Property Address:
Account Number:	Account Number:

To request that the exemption extend to your spouse and/or children, please provide the information below:

Account Holder Name and Relationship:	Account Holder Name and Relationship:
Property Address:	Property Address:
Account Number:	Account Number:

Use additional forms if necessary.

Note: The Miami-Dade Water and Sewer Department cannot be held responsible for blocking account information on accounts not listed herein.

I hereby request exemption based on the following category for which I qualify (check applicable exemption category):

- Victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence—Please attach official verification that crime occurred—Exemption for 5 years from date of this request.
- Current or former public guardians and employees with fiduciary responsibility.
- Employee of any licensed facility who provide direct patient care or security services.
- Guardian ad litem as defined in s. 39.820, F.S.
- Human resource, labor relations, or employee relations director; assistant director, manager, or assistant manager of any local government agency or water management district whose duties include hiring and firing employees, labor contract negotiation, administration, or other personnel-related duties.
- Impaired practitioner consultant, retained by an agency, whose duties result in determination of person’s skill and safety to practice licensed profession (includes consultant’s employees).
- Justice of Florida Supreme Court; or judge of district court of appeal, circuit court, or county court.
- Inspector general or internal audit dept. personnel whose duties include auditing/investigating waste, fraud, abuse, theft, exploitation, or activities that could lead to criminal prosecution or admin. discipline.
- Juvenile probation officers, juvenile probation supervisors, detention superintendents, assistant detention superintendents, juvenile justice detention officers I/II, juvenile justice detention officer supervisors, juvenile justice residential officers, juvenile justice residential officer supervisors I II, juvenile justice counselors, juvenile justice counselor supervisors, human services counselor administrators, senior human services counselor administrators, rehabilitation therapists, and social services counselors of the Dept. of Juvenile Justice.
- Sworn law enforcement personnel, including civilian personnel employed by a law enforcement agency, correctional officers and correctional probation officers.
- Prosecutor (state attorney, assistant state attorney, statewide prosecutor, assistant statewide prosecutor).
- Public defenders and criminal conflict and civil regional counsel (includes assistant public defenders, assistant criminal conflict and assistant civil regional counsel).
- U.S. Attorney or Assistant U.S. Attorney, U.S. circuit judge, U.S. district judge, or U.S. magistrate judge.
- Victim of an incident of mass violence
- Directors, managers, supervisors, nurses, and clinical employees of an addiction treatment facility personnel.
- Staff and domestic violence advocates of domestic violence centers certified by the Department of Children and Families.

Current government agency employee in the category checked below:

- County Tax Collector.
- Judicial or quasi-judicial officer (general/special magistrate, judge of compensation claims, administrative law judge of the Div. of Admin. Hearings, and child support enforcement hearing officer).

Current or former government agency employee in the category checked below:

- Code Enforcement Officer.
- Dept. of Business and Prof. Reg. investigators and inspectors.
- Dept. of Children and Family Services personnel whose duties involve investigation of abuse, neglect, exploitation, fraud, theft, or other criminal activities.
- Dept. of Health personnel whose duties support the investigations of child abuse or neglect.
- Dept. of Health personnel whose duties include, or result in, the determination/adjudication of eligibility for social security disability benefits, investigation/ prosecution of complaints filed against health care practitioners, or inspection of health care practitioners or health care facilities licensed by the Dept. of Health.
- Dept. of Financial Services personnel whose duties include the investigation of fraud, theft, workers’ compensation coverage requirements and compliance, other related criminal activities, or state regulatory requirement violations.
- Dept. of Revenue personnel or local government personnel whose duties include revenue collection and enforcement or child support enforcement.
- Emergency medical technicians or paramedics certified under chapter 401, F.S.
- Firefighter certified in compliance with s. 633.408, F.S.

I hereby swear or affirm, under penalty of perjury, that the information contained in the foregoing request form is true and correct.

SIGNATURE: _____

DATE: _____

REQUIRED NOTARY ACKNOWLEDGMENT

STATE OF FLORIDA,
COUNTY OF _____

physical presence online notarization

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____ who is _____ personally known to me OR produced the following identification _____

(Notary Seal)

Signature of Notary

