Florida law allows certain persons to request that an agency not publicly disclose specific identification and/or location information contained in any of its agency records. Please refer to sections 119.071(2)(j), (4)(d), and (5)(i), 265.605, and 267.17, Fla. Stat., or other applicable statute for scope of protection which may include home address, phone numbers, photos, name of spouse and/or children, and their place of employment, and/or school or daycare care facility, and date of birth.

To request the exemption for information contained within records in our agency, please complete the form and return to: Miami-Dade Elections Department, c/o Registration Section, P.O. BOX 521550, Miami, FL 33152. For more information, contact 305-499-8363.

To request the claim for exemption extend to your spouse and/or children (not applicable for donor* or victim* exemptions) please submit a separate sheet with the name, date of birth, and relationship for purposes of identifying them in any public records within the custody of the agency. (If you have attached supplemental pages, check □)

You will be contacted if the information you provide is insufficient to identify you distinctly from someone else similarly named in the records or if the information provided is insufficient to demonstrate the applicability of a public records exemption.

I attest that I am an individual covered under Section 119.071, F.S., as, check the appropriate item (only one):

- current
- or
- former

- spouse of a current
- or
- spouse of a former

- child of a current
- or
- child of a former

and I hereby request the exemption (check applicable exemption category):

- Dept. of Revenue personnel or local government personnel whose duties relate to revenue collection and enforcement or child support enforcement. (s. 119.071(4)(d)2.a)
- Domestic violence centers, certified under Chapter 39, F.S., staff and domestic violence advocates as defined in s. 90.5036(1)(b), F.S. (s. 119.071(4)(d)2.u)
- Donor or prospective donor, * Cultural Endowment Program Trust Fund, Citizen Support Organizations or National, Historic Landmarks (publicly owned houses) (sections 265.605 and/or 267.17)
- Emergency medical technicians or paramedics certified under Chapter 401, F.S (s. 119.071(4)(d)2.q)
- Firefighter certified in compliance with s. 633.408, F.S. (s. 119.071(4)(d)2.d)
- Guardian ad litem (s. 119.071(4)(d)2.j)
- Human resource, labor relations, or employee relations director, assistant director, manager or assistant manager of any local government agency or water management district (s. 119.071(4)(d)2.h)
- Impaired practitioner consultants whose duties result in a determination of a person’s skill and safety to practice a licensed profession (s. 119.071(4)(d)2.p)
- Inspector general employees or internal audit department employees whose duties include auditing or investigating waste, fraud, abuse, theft, exploitation, or other activities that could lead to criminal prosecution or administrative discipline (s. 119.071(4)(d)2.r)
- Judge - district court of appeal, circuit court and county court, or justice of the Florida Supreme Court (s. 119.071(4)(d)2.e)
Judicial or quasi-judicial officer (general and special magistrate, judge of compensation claims, administrative law judge of the Division of Administrative Hearings, and child support enforcement hearing officer) (s. 119.071(4)(d)2.g)

Juvenile probation officer, juvenile probation supervisor, detention superintendent, assistant detention superintendent, senior juvenile detention officer, juvenile detention officer supervisor, juvenile detention officer, house parent I and II, house parent supervisor, group treatment leader, group treatment leader supervisor, rehabilitation therapist, and social services counselor of the Dept. of Juvenile Justice (s. 119.071(4)(d)2.k)

Law enforcement personnel including correctional officers and correctional probation officers (s. 119.071(4)(d)2.a)

Office of Financial Regulation, Bureau of Financial Investigations, investigative personnel whose duties include the investigation of fraud, theft, other related criminal activities, or state regulatory requirement violations (s. 119.071(4)(d)2.c.)

Prosecutor (state attorney, assistant state attorney, statewide prosecutor, assistant statewide prosecutor) (s. 119.071(4)(d)2.f)

Public defenders and criminal conflict and civil regional counsel (includes assistant public defenders, assistant criminal conflict and assistant civil regional counsel) (s. 119.071(4)(d)2.l)

U.S. attorney or assistant attorney, U.S. appellate judge, U.S district court judge and U.S. magistrate (By signature below, person certifies that reasonable efforts made to protect information from being publicly accessible by other means) (S. 119.071(5)(i)

Victim* of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence [Attach official verification that crime occurred. 5-year exemption. Contact Attorney General’s Office (850-414-3990) about eligibility for separate Address Confidentiality Program. See s. 741.465, Fla. Stat]

Other (list applicable statute): ________________________

Printed Name: ______________________________ Date of Birth: ______________ Phone Number: ______________________________

Home Address: __________________________________________________________________________________________________

Signature: ____________________________________________________ Date: ______________________________

Pursuant to Section 119.071(4)(d)3., F.S., your request must be notarized. The requestor hereby swears or affirms, under penalty of perjury, that the information contained in the foregoing public record exemption form is true and correct.

STATE OF FLORIDA
COUNTY OF ________________

The foregoing Public Records Exemption Request was sworn to (or affirmed) and subscribed before me by means of

☐ physical presence or ☐ online notarization, this ___________ day of _____________________ , 20________ , by ______________________________________________________, who is:

________ personally known to me OR

________ produced the following identification: ______________________

______________________________________________________________

Signature of Notary Public - State of Florida

______________________________________________________________

Print, Type, or Stamp Commissioned Name of Notary Public