



EXEMPTION FROM PUBLIC RECORDS REQUEST FORM

Leon County Supervisor of Elections Office Leon County, Florida

Sections 119.07 and 119.071, Florida Statutes, allows certain persons to request that an agency not publicly disclose their specific identification and/or location information in any of its agency record, except for official business.

The information considered exempt from public records includes home addresses, telephone numbers, social security numbers, and photographs. If eligible, submit completed form to: Leon County Supervisor of Elections Office, 315 S. Calhoun St., Ste. 110 Tallahassee, FL 32301 or mail to: PO Box 7357 Tallahassee, FL 32314-7357. For more information, contact our office at 850-606-8683.

In order for the above information to be protected from disclosure by our office, please check applicable category below:

- | | |
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| <input type="checkbox"/> Code Enforcement Office | <input type="checkbox"/> 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 Dept. of Juvenile Justice |
| <input type="checkbox"/> Dept. of Children and Family Services personnel with investigative duties involving abuse, neglect, exploitation, fraud, theft, or other criminal activities | <input type="checkbox"/> Law enforcement personnel including correctional officers and correctional probation officers |
| <input type="checkbox"/> Dept. of Health personnel whose duties are to support the investigation of child abuse or neglect | <input type="checkbox"/> Prosecutor (state attorney, assistant state attorney, statewide prosecutor, assistant state wide prosecutor) |
| <input type="checkbox"/> Dept. of Revenue personnel or local government personnel with duties relating to revenue collection and enforcement or child support enforcement | <input type="checkbox"/> Public defenders and criminal conflict and civil regional counsel (includes assistant public defenders, assistant criminal conflict and assistant civil regional counsel) |
| <input type="checkbox"/> Donor or prospective donor* Cultural Endowment Program Trust Fund, Citizen Support Organizations or National, Historic Landmarks (publicly owned houses) | <input type="checkbox"/> U.S. attorney or assistant attorney, U.S. appellate judge, U.S. district court judge and U.S. magistrate |
| <input type="checkbox"/> Firefighter certified in compliance with s.633.35, F.S. | <input type="checkbox"/> Victim* of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence. Contact Attorney General's Office (850-414-3990 about eligibility for Address Confidentiality Program (s. 741.465, Florida Statue) |
| <input type="checkbox"/> Guardian ad litem | <input type="checkbox"/> Other (list applicable statue): _____ |
| <input type="checkbox"/> 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) | |
| <input type="checkbox"/> Judge or justice of the Florida Supreme Court, district court of appeal, circuit court and county court | |
| <input type="checkbox"/> Judicial or quasi-judicial officer (general and special magistrate, judge of compensation claims, administrative law judge of Division of Administrative Hearings, and child support enforcement hearing officer) | |

Name: _____

Agency: _____ Title: _____

Voter Registration Number or Date of Birth: _____

Residence Address: _____

Phone Number: _____

I understand that any person who willfully and knowingly violates any of the provisions of Chapter 119 is guilty of a misdemeanor of the first degree, punishable as provided in s. 775082 or s. 775.082, Florida Statutes.

Signature: _____ Date: _____

To request exemption for your spouse's or child's name, address, photo, and name and location of work, school, or day care facility, please submit a separate sheet with the name, date of birth, and relationship. *Florida law does not make this exemption applicable to the spouse or child of a donor or victim.