



Okaloosa County Board of County Commissioners

Public Records Exemption Request

Florida law allows certain persons to request that an agency not publicly disclose specific identification and/or location information contained in agency records. Please refer to sections 119.071(2)(j), (4)(d), and (5)(i), 265.605 and 267.17, Fla. Stat., or 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 facility, and date of birth.

To request that the exemption extend to your spouse and children please submit a separate sheet with the name, date of birth, and relationship for purposes of identifying them in any public records in our custody. This extension is not applicable for donor or victim. If you have attached additional pages please check here.

To request exemption for records within the _____ department, please complete the form and return to: _____. You will be contacted if the information you provide is insufficient to identify you distinctly from someone else similarly named in records.

I hereby request the exemption: (Please check the applicable category listed below)

- | | |
|---|---|
| <input type="checkbox"/> Impaired practitioner consultant*∇ | <input type="checkbox"/> U.S. attorney or assistant attorney*∇ |
| <input type="checkbox"/> Dept. of Children and Family Services investigators∇ | <input type="checkbox"/> Service members who served after 9/11/2001*∇ |
| <input type="checkbox"/> Dept. of Health investigators and inspectors∇ | <input type="checkbox"/> Judge, or, Judicial or quasi-judicial officer*∇ |
| <input type="checkbox"/> Guardian Ad Litem*∇ | <input type="checkbox"/> Law enforcement personnel, Correctional, Code Enforcement, and Probation Officers∇ |
| <input type="checkbox"/> Dept. of Health benefit adjudicators*∇ | <input type="checkbox"/> State Prosecutors, Public Defenders, and regional conflict counsel∇ |
| <input type="checkbox"/> Dept. of Revenue personnel whose duties include child support enforcement∇ | <input type="checkbox"/> County Tax Collector* |
| <input type="checkbox"/> Local government personnel whose duties include child support enforcement∇ | <input type="checkbox"/> State certified firefighter, EMT, or paramedics |
| <input type="checkbox"/> Juvenile probation personnel including house parents, therapist, counselors, office supervisors and officers∇ | <input type="checkbox"/> Victim of aggravated child abuse, stalking, battery, or sexual battery, harassment, domestic violence |
| <input type="checkbox"/> Human resources, labor relations, or employee relations directors, asst. directors, managers, asst. managers, or any local government agency or water management district whose duties include hiring and firing, labor contract negotiation, administration, or other personnel-related duties. ∇ | <input type="checkbox"/> Donor or prospective charitable donor, Cultural Endowment Program Trust, Citizen Support Organizations or National, Historic Landmarks |
| | <input type="checkbox"/> Dept. of Business investigators and inspectors *∇ |
| | <input type="checkbox"/> Dept. of Financial Services investigative personnel |
| | <input type="checkbox"/> Hospital or Surgery Center employees providing direct patient care or security services |
| | <input type="checkbox"/> Other (List applicable statute) _____ |

Printed Name: _____ Date of Birth: _____ Phone Number: _____

Home Address: _____

Signature: _____ Date: _____

If employing agency makes request for the employee add agency name, agency requestors name and title to signature line.

∇ For specific category selected person qualifies if they have ever held the position.

* For specific category selected, person certifies, by signature herein, that he or she has made reasonable efforts to protect information from being publicly accessible.