

PUBLIC RECORDS EXEMPTION REQUEST to the PINELLAS COUNTY TAX COLLECTOR'S OFFICE

Florida law allows eligible persons and their employing agencies to request in writing that a non-employing agency maintain as exempt from public disclosure certain identification and/or location information contained in records within the agency's custody. **If an employing agency is requesting for the employee**, add agency name, and requester's name and title, to the signature line.

NOTE: The officer, employee, justice, judge, other person entitled to the exemption, or employing agency of the designated employee, **must** submit this written request **directly** to a custodial agency in order for the agency to maintain the exemption for the records in its custody. For records in the custody of the Pinellas County Tax Collector's Office, please return this completed form or a written request directly to: *Pinellas County Tax Collector's Office, Attn: Public Records Custodian, 315 Court Street, 3rd Floor, Clearwater, FL 33756.* To have an exemption maintained in the records in the custody of any other agency, please contact that agency directly for information on how to make a written request.

If your spouse and/or children are subject to your exemption (not applicable for victim of battery, abuse, harassment, or stalking or for participant in address confidentiality program), please check here and attach a page with the name, date of birth, and relationship of each to assist in identifying each person in any public records within the custody of the agency.

I hereby request exemption maintenance by your agency based on the following category/categories for which I qualify:

- | | |
|--|--|
| <input type="checkbox"/> Code enforcement officer | <input type="checkbox"/> 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) † |
| <input type="checkbox"/> Dept. of Business and Prof. Reg. investigators and inspectors † | <input type="checkbox"/> 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 |
| <input type="checkbox"/> Dept. of Children and Family Services personnel whose duties involve investigation of 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 support the investigations of child abuse or neglect | <input type="checkbox"/> Prosecutor (state attorney, assistant state attorney, statewide prosecutor, assistant statewide prosecutor) |
| <input type="checkbox"/> 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 healthcare practitioners, or inspection of health care practitioners or health care facilities licensed by the Dept. of Health † | <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"/> 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 | |
| <input type="checkbox"/> Dept. of Revenue personnel or local government personnel whose duties include revenue collection and enforcement or child support enforcement. | |
| <input type="checkbox"/> Emergency medical technicians or paramedics certified under chapter 401, F.S. † | |
| <input type="checkbox"/> Firefighter certified in compliance with s. 633.408, F.S. | |
| <input type="checkbox"/> 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
- County Tax Collector †
- 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 †

- Member of U.S. Armed Forces, reserve component of U.S. Armed Forces, or National Guard who served after 9/11/2001 †
- U.S. Attorney or Assistant U.S. Attorney, U.S. circuit judge, U.S. district judge, or U.S. magistrate judge †
- Victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence – please attach official verification that crime occurred – exemption will remain in effect for five years from the date of this request**
- Certified Participant in Address Confidentially Program under s. 741.403, F.S. – exemption applies only to participant's name, address, and telephone number in voter registration and voting records – please attach a copy of certification or renewal**

*Printed name: _____

*Date of birth: ____ / ____ / ____
MM DD YYYY

*Phone number: (_____) _____ - _____

*Home address: _____

_____, _____, _____
City State Zip

*Signature of requester: † _____

*Title of requester (if applicable): _____

*Date: ____ / ____ / ____
MM DD YYYY

† **If specially indicated category selected**, person also certifies, by signature herein, that he or she has made reasonable efforts to protect information from being publicly accessible through other means available to the public

* **Required information**