

Protect your Privacy!

People who are employed in certain occupations, and their families, can request that their personal information be kept confidential.

If you are a current, or former member of the occupations listed, and would like to keep your residence address private, please complete the attached form, sign it, and mail, fax or deliver it to Election Headquarters in Bartow or Elections Operations Center in Winter Haven.

Although we must have your actual physical residence address to assign your precinct, that data will not be viewable in the computer database or on the precinct register.

Please provide us with the mailing address where you would like to receive your voter identification card, and other important information.

Name: _____

Date of Birth: _____

Residence Address: _____

Mailing Address: _____

Important Information To Protect Your PRIVACY



To return this form

Mail to:
Lori Edwards
Supervisor of Elections
P.O. Box 1460
Bartow, FL 33831

Or fax to:
863-845-2718

Or deliver to:
Election Headquarters
250 S. Broadway Avenue
Bartow, FL

Election Operations Center
70 Florida Citrus Blvd.
Winter Haven, FL



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:

NOTARIZATION:

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 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:

If you, your spouse or child is a registered voter and qualify under Chapter 119.071(2)(j), (4)(d) and (5)(i), 265.605 or 267.17 Florida Statutes or Article I, Section 16 (b)(5) of the Florida Constitution, you may request certain data be exempt from public record. Read the statutes to see if you qualify. If you do, complete the form below and return it to Election Headquarters at the address or fax number shown on the back of this form.

(Please print)

NAME OF VOTER: _____

DATE OF BIRTH: _____

I hereby request exemption for the person named above due to being a CURRENT or FORMER (check applicable category):

- | | |
|---|--|
| <input type="checkbox"/> Code Enforcement Officer | <input type="checkbox"/> Impaired practitioner consultants whose duties result in determination of a person's skill and safety to practice a licensed profession |
| <input type="checkbox"/> County Tax Collector | <input type="checkbox"/> Judge — District Court of Appeal, Circuit Court and County Court, or justice of the Florida Supreme Court |
| <input type="checkbox"/> Department of Business and Professional Regulation- investigators and inspectors | <input type="checkbox"/> 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) |
| <input type="checkbox"/> Department of Children and Family Services personnel whose duties involve investigation of abuse, neglect, exploitation, fraud, theft, or other criminal activities | <input type="checkbox"/> Juvenile probation officer or supervisor, detention superintendent, assistant thereto, juvenile or senior juvenile detention officer or supervisor, house parent, supervisor thereof, group treatment leader, supervisor thereof, rehabilitation therapist, and Dept. of Juvenile Justice social services counselor |
| <input type="checkbox"/> Department of Health personnel whose duties support the investigations of child abuse or neglect, determination of benefits, or the investigation or prosecution of health care practitioners | <input type="checkbox"/> Law enforcement personnel including correctional officers and correctional probation officers |
| <input type="checkbox"/> Department of Revenue personnel or local government personnel whose duties relate to revenue collection and enforcement or child support enforcement | <input type="checkbox"/> Prosecutor (state attorney, assistant state attorney, statewide prosecutor, assistant statewide prosecutor) |
| <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"/> Public defenders criminal conflict and civil regional counsel and assistants to all of the above. |
| <input type="checkbox"/> Emergency Medical Technicians or paramedics certified under Chapter 401, F.S. | <input type="checkbox"/> Service members who served in armed forces, reserve forces, and National Guard after 9/11/2001 |
| <input type="checkbox"/> Firefighter certified in compliance with 633.35, F.S. | <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"/> Guardian ad Litem | |
| <input type="checkbox"/> Human Resource, labor relations, or employee relations director or assistant, manager or assistant manager of a local government agency or water management district whose duties include hiring and firing employees, labor contract negotiation, administration, or other personnel-related duties | * Victims of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence may contact the Attorney General's Office (850-414-3990) about eligibility for separate Address Confidentiality Program. [See F.S. 741.465]. |

By signing below, you certify the reasonable efforts made to protect information from being publicly accessible by other means.

Voter's Signature (required in front of Notary)

Date

Florida Law requires you to keep your address current with the Elections Office, even if you are requesting confidentiality. If you have moved since you registered to vote, please indicate your new address on the back of this form. We will use your residence address to assign a precinct only. We will mail your voter ID card to your mailing address.

Please see back page for address or fax number to return this form!



8/25/2021