Office of
Clerk of Court
Tim Smith

REQUEST FOR EXEMPTION FROM INSPECTION AND EXAMINATION OF CONFIDENTIAL INFORMATION

GENERAL INFORMATION

Name of Requestor: _____
Agency Referral: _____
Address: _____
Title of Requestor: _____
Category: _____
_____
Telephone: _____

RECORD IDENTIFICATION AND DESCRIPTION

Official Records Document Name/Book/Page

_____
_____
_____

Court Records: Case No./Document Name/Page

_____
_____
_____

Administrative Record: type/document name/page

_____
_____
_____

Please check the information that will apply to the identified record and complete the corresponding information for verification.

___Home Address ___Telephone ___Social Security Number ___Photographs

Spouse of Children Information: ___Home Address ___Telephone ___Photographs ___Social Security Number ___Place of Employment ___Names and locations of schools and day care facilities

DISCLAIMER: ***Be advised that only the information specified in Florida Statutes 119.07 of those records that you specifically identify in the possession of the Clerk of Circuit Court, Putnam County will be deleted or excised from the public records. Be advised your request is not retrospective; copies of the Public Record may have been disseminated prior to your request. It is the responsibility of the requestor to notify the Office of any additional or future documents the requestor desires exempt status.***

_____
Signature **Date**

FOR OFFICE USE ONLY

Date Request Received _____ **Date Request Completed** _____ **Clerk Processing Request** _____

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