

20 North Main Street, Room 165  
Brooksville, Florida 34601  
Phone (352) 754-4125  
Fax (352) 754-4425

**REQUEST FOR EXEMPTION  
FROM PUBLIC RECORDS  
DISCLOSURE**

Section 119.07(3)(i)(1)(2)(3), Florida Statutes, provides that certain records pertaining to specified personnel are exempt from the public records law and will not be subject to disclosure except for official business.

The information considered to be confidential includes home addresses, telephone numbers, social security numbers, and photographs. These items are confidential for the spouses and children of such personnel as well as their place of employment. Furthermore, the names and locations of schools and day care facilities attended by the children of such personnel are exempt from the public records law.

If you qualify for this exemption, please print out this form, complete, and mail the form to our office. The address is: Annie D. Williams, Supervisor of Elections, 20 North Main Street, Room 165, Brooksville, FL 34601  
In order for the information listed above to be protected from disclosure by our office, please indicate which category applies to you:

- Justices of the Supreme Court, District Court of Appeal Judges, Circuit Court Judges, and County Judges
- Current or former state attorneys, assistant state attorneys, statewide prosecutors, or assistant statewide prosecutors
- Firefighters certified in compliance with s. 633.35
- Active and former law enforcement personnel, correctional officers, and probation officers
- Current or former code enforcement officers
- Any local government agency or water management district personnel whose duties include hiring and firing employees, labor contract negotiation, administration, or other personnel-related duties
- Department of Revenue or local government personnel whose duties include revenue collection and enforcement of child support
- Department of Children & Families personnel whose duties include the investigation of abuse, neglect, exploitation, fraud, theft, or other criminal activities related to children
- Department of Health personnel whose duties include supporting any investigation involving child abuse or neglect

Please complete the following:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Organization: \_\_\_\_\_

Voter Registration Number: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Residence Address: \_\_\_\_\_

I understand that any person who willfully and knowingly violates any of the provisions of Ch. 119 is guilty of a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083, Florida Statutes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_