



**JUAN FERNANDEZ-BARQUIN
CLERK OF THE COURT AND COMPTROLLER
OF MIAMI-DADE COUNTY**

**REQUEST FOR
EXEMPTION OR CONFIDENTIALITY**

This request is being made for exemption or confidentiality according to Florida Statutes Chapter 119.

I, _____ attest that as a _____ and hereby request that _____
_____ be redacted from the below listed public records.

I am requesting redaction of the social security numbers from the below listed public records. If you are seeking redaction of multiple types of information, please note the type of information in each record next to the page.

Book	Page(s)	Book	Page(s)
Book	Page(s)	Book	Page(s)
Book	Page(s)	Book	Page(s)

of the Official Records of Miami-Dade County.

The information provided on this request for redaction is to be kept confidential. The information may only be used by the Miami-Dade County Recorder's staff in order to process my request. I agree to indemnify and hold harmless the Clerk of the Court and Comptroller for any and all claims proximately resulting from this request. Furthermore, I affirm that the only document(s) being redacted is/are identified by Book and Page(s) above.

***Must Submit/Present valid work I.D. along with this request.**

Signature and Date

Print Full Name

Address

City State Zip

Telephone

State of Florida

County of _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____,

by _____

Personally known _____ or produced identification _____

Type of identification produced _____

Signature of Notary _____

Please complete the form(s) with the required information and mail them to the Miami-Dade County Recorder's Office at 20 NW 1st Avenue, Suite 5.246, Miami, FL 33128. Incomplete document(s) will not be processed.

Accepted by: _____ Date: _____

Print Name: _____