

**PUTNAM COUNTY, FLORIDA SUPERVISOR OF ELECTIONS
CONFIDENTIALITY REQUEST**

Instructions: Complete the information below and return the signed *original* to Putnam County Supervisor of Election Office – 2509 Crill Ave., Suite 900 Palatka, FL 32177. This request will only cover the Voter listed below, a complete original applications is needed for each Voter.

Florida Statutes Chapter 119.071(4) provides that certain individuals may request in writing that their home addresses, all telephone numbers, social security numbers and photographs not be distributed to the public.

I attest that I am an individual covered under the above mentioned Florida Statute:

I am **currently** [] **formerly** [] (Check one)
an **individual** [] **spouse** [] **child** [] of (Check one)

(Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Law enforcement personnel | <input type="checkbox"/> Guardian Ad Litem |
| <input type="checkbox"/> Correctional and correctional probation officers | <input type="checkbox"/> Social Services Counselors |
| <input type="checkbox"/> Personnel of Department of Children and Family Services | <input type="checkbox"/> Tax Collector |
| <input type="checkbox"/> Personnel of Department of Health | <input type="checkbox"/> Juvenile Justice Personnel |
| <input type="checkbox"/> Personnel of Department of Revenue | <input type="checkbox"/> Certified Firefighter |
| <input type="checkbox"/> Code Enforcement Officer | |
| <input type="checkbox"/> Judges - including: US Court of Appeal, US District, US Magistrate, Supreme Court, District Court, Circuit Court, or County Court Judges | |
| <input type="checkbox"/> Attorneys – including: US Attorneys, Assistant US Attorneys, State Attorneys, Assistant State Attorneys, Statewide Prosecutors, or Assistant Statewide Prosecutors | |
| <input type="checkbox"/> Human Resource Directors, Labor Relations & Employee Relations Directors, Assistant Directors, Managers or Assistant Managers of any local government agency or water management district | |
| <input type="checkbox"/> Department of Business & Professional Regulation -Inspectors & Investigators | |

(Please Print Clearly)

Voter's Name _____ Phone Number _____

Street Address _____

Mailing Address _____

Date of Birth ____/____/____ Voter Registration # _____

Last 4 digits of Social Security # _____ Driver License # _____

I hereby release the Supervisor of Elections and her/his staff from all claims relating to or arising out of this request.

I am filing this request for confidentiality in the Putnam County Voters Registration Records in accordance with Florida Statute 119.071. I understand that Florida Statutes are subject to change and it is the Voter's responsibility to keep current of any future changes.

I hereby swear or affirm that the information is true and correct.

SIGNATURE _____ Date ____/____/____