

REQUEST FOR CONFIDENTIALITY

Please note that the signed original of this form must be received by the Flagler County Clerk of Court's Office. Faxed copies can not be accepted.

SEND TO: Gail Wadsworth
Flagler County Clerk of Courts
Kim C. Hammond Justice Center
Attn: Recording; Room
1769 East Moody Blvd; Bldg 1
Bunnell, FL 32110

I am filing this request for confidentiality in the Flagler County Clerk of Circuit Courts Records in accordance with §119.07(4)(a)(2)(d). I hereby swear or affirm that the following information is true and correct.

I attest that I am an individual covered under §119.07(4)(a)(2)(d) as:

I am a _____ current or _____ former
_____ spouse of a current or _____ spouse of a former
_____ child of a current or _____ child of a former

_____ law enforcement employee
_____ county law enforcement
_____ municipal law enforcement
_____ correctional
_____ correctional probation

_____ Dept. of Children and Families investigative employee whose duties include:
_____ abuse _____ neglect _____ exploitation
_____ fraud _____ theft _____ other criminal activities

_____ Department of Revenue or Local Government employee with responsibility for:
_____ revenue collection **and** enforcement
_____ child support enforcement

_____ State Attorney or State Prosecutor (state type: _____)

_____ Firefighter

_____ Justice or Judge (state type: _____)

_____ Code Inspector

_____ Code Enforcement Officer

Please print clearly or use a typewriter to complete the following lines.

My full name is: _____

Other names that I may have used: _____

Home address (including city, state, and zip code): _____

Social Security Number: _____

Telephone Number: _____

