



# FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION (FWC) REQUEST FOR EXEMPTION FROM PUBLIC RECORDS

By submitting this form, as provided by Section (§) 119.071, Florida Statutes (F.S.), you are requesting that the FWC redact your identifying and locational information from any FWC records provided to the public.

### IMPORTANT INSTRUCTIONS:

- Submission of this Request form is only necessary if FWC has records identifying you or your spouse/child/dependent.
- Please submit a separate form for each individual to whom an exemption applies (e.g. your spouse/child/dependent) and mark both the status and relationship on page two of each form.
- A new Request for Exemption from Public Records form must be submitted if there is a change in your information or status as an individual qualifying for an exemption.

### Submit signed and completed form to:

Records Management Liaison Officer!•Florida Fish and Wildlife Conservation Commission  
620 South Meridian Street • Tallahassee, Florida 32399-1600  
Or via email: [RecordsExemption@MyFWC.com](mailto:RecordsExemption@MyFWC.com)!•Or via Facsimile: (850) 487-1790

### Please print clearly or type the following information.

My full name, as on driver’s license, is: \_\_\_\_\_

Suffix \_\_\_\_\_ (e.g., Sr., Jr., II, III)      Date of Birth: \_\_\_\_\_ MM/DD/YYYY      Last Four of SSN: \_\_\_\_\_

Other names that I may have used: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

### Please include any FWC identification, license or permit numbers related to you.

**If you are requesting a public records exemption, please include the following information. IF YOU DO NOT IDENTIFY WHICH SPECIFIC EXEMPTION APPLIES TO YOU, FWC WILL NOT IMPLEMENT OR MAINTAIN YOUR EXEMPTION.**

Please List any exemption(s) that apply to you. \_\_\_\_\_

Florida Statute – Authority for exemption (ex: s. 119.071(4)(d)2.a.)	I am Current or Former (check if applicable)	I am a Spouse of an exempted individual (check if applicable)	I am a Child/Dependent of an exempted individual (check if applicable)

### ATTESTATIONS:

**I hereby swear or affirm to the following:** I have reviewed the appropriate section(s) of law listed above. I am an individual, or the parent/guardian of an individual, exempt pursuant to the public records exemption(s) indicated above. All information on this form is true and correct. Where applicable, I have made reasonable efforts to protect such information from being accessible through other means available to the public.

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

Print your full name: \_\_\_\_\_