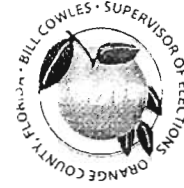


CONFIDENTIALITY REQUEST



If you are a registered voter and qualify under Chapter 119.07, F.S., you may have certain information exempt from public record. Read the statute to see if you qualify. If so, complete the form below and return by mail to the Orange County Supervisor of Elections Office at:
P.O. Box 562001, Orlando, Florida 32856

NAME OF VOTER: _____

DATE OF BIRTH: _____

I am eligible to have certain information remain confidential because:

- I am a current/former Law Enforcement OFFICER or spouse/child.
(This includes correctional and probation officers.)
- I am a current/former Code Enforcement OFFICER or spouse/child.
- I am an eligible Department of CHILDREN & FAMILY SERVICES employee or a spouse/child.
- I am an eligible Department of HEALTH EMPLOYEE or spouse/child.
- I am an eligible Department of REVENUE OFFICER or spouse/child.
- I am a STATE CERTIFIED FIREFIGHTER or spouse/child.
- I am a JUDGE (either Circuit or District Court of Appeal or County) or spouse/child.
- I am a US Attorney, Court of Appeal Judge, District Judge, or Magistrate or spouse/child.
- I am a current/former STATE ATTORNEY or Assistant or State Prosecutor or Assistant or spouse/child.
- I am a current/former Human Resource, or Labor Relations Manager, Employee Relations Director, or Manager or Assistant to any of the above, in local Government or WMD or spouse/child.

Signature

Date