



**Hillsborough  
County Florida**  
Development Services

# Identification of Sensitive/Protected Information and Acknowledgement of Public Records

Pursuant to [Chapter 119 Florida Statutes](#), all information submitted to Development Services is considered public record and open to inspection by the public. Certain information may be considered sensitive or protected information which may be excluded from this provision. Sensitive/protected information may include, but is not limited to, documents such as medical records, income tax returns, death certificates, bank statements, and documents containing social security numbers.

While all efforts will be taken to ensure the security of protected information, certain specified information, such as addresses of exempt parcels, may need to be disclosed as part of the public hearing process for select applications. If your application requires a public hearing and contains sensitive/protected information, please contact [Hillsborough County Development Services](#) to determine what information will need to be disclosed as part of the public hearing process.

Additionally, parcels exempt under [Florida Statutes §119.071\(4\)](#) will need to contact [Hillsborough County Development Services](#) to obtain a release of exempt parcel information.

**Are you seeking an exemption from public disclosure of selected information submitted with your application pursuant to Chapter 119 FS?**     Yes     No

I hereby confirm that the material submitted with application \_\_\_\_\_

Includes sensitive and/or protected information.

Type of information included and location \_\_\_\_\_

\_\_\_\_\_

Does not include sensitive and/or protected information.

**Please note:** Sensitive/protected information will not be accepted/requested unless it is required for the processing of the application.

If an exemption is being sought, the request will be reviewed to determine if the applicant can be processed with the data being held from public view. Also, by signing this form I acknowledge that any and all information in the submittal will become public information if not required by law to be protected.

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

(Must be signed by applicant or authorized representative)

Intake Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_