

**TAYLOR COUNTY SUPERVISOR OF ELECTIONS**  
**MILITARY REQUEST FOR EXEMPTION OF VOTER REGISTRATION RECORD**

Pursuant to Section 119.071(5) Florida Statutes

Name: _____	Date of Birth: _____
Address: _____	Voter ID #: _____
_____	Telephone: _____
Mailing Address (if different): _____	
_____	

I hereby certify I am a current or former member of the US Armed Forces, a reserve component of the US Armed Forces or National Guard who served after September 11, 2001.

I also have made reasonable efforts to protect the identification and location information from being accessible through other means available to the public (Facebook, websites, etc.).

I hereby request to have my (and my spouse and children of voting age) voter registration record exempt from public records.

**Pleased select category:**    \_\_\_ Current            \_\_\_ Former

\_\_\_\_\_ **Signature**

\_\_\_\_\_ **Date**

<b>Additional Individuals to Exempt (Spouses and voting age children)</b>		
Name _____	Date of Birth _____	Relationship _____
Address _____		
Name _____	Date of Birth _____	Relationship _____
Address _____		
Name _____	Date of Birth _____	Relationship _____
Address _____		