

Request for Printed Information from a Confidential Parcel

Owner Name:	Date of Request:	
Parcel number(s):		
		given to me. This information includes
I understand that the Alachua County Property App received from the Property Appraiser's Office to an	•	e owner disseminates the information
Signing below confirms that you, as the prope receiving a copy of the printed information lis exempt from public records in accordance wit	ted above. Those same parcel(s) will remain	n in a confidential status and
Printed Name of Owner	Signature of Owner	Date
State of Florida	Notary	
County of		
This instrument was sworn t	to and subscribed before me on this date	, by
	who is personally known to me or wh	Date
produced	as identification.	
Notary Signat	rure	
*** This request needs to be notarized be	efore it can be approved by the Property	Appraiser's Office. ***
	Administration Use Only	
Staff member verifying proof of ownership:	Date request was	s received:
Documents given as proof of ownership:		
Documents printed for the owner:		
	Signature or Stamp	o of employee receiving and completing request
515 North	n Main Street Ste. 200 Gainesville, FL 32601	

ACPA-03-2021