

Request for Exemption from Public Disclosure

Per s.[119.071\(4\)3](#). This request **must** include the statutory basis for the individual's exemption request:

[FS 119.071(4)(d)2.]:

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| <ul style="list-style-type: none"> <input type="checkbox"/> Law Enforcement officers or civilian staff, correctional and correctional probation officers <input type="checkbox"/> Dept. of Children and Families investigator <input type="checkbox"/> Dept. of Health personnel supporting investigations of child abuse/neglect <input type="checkbox"/> Dept. of Revenue or local government's child support collection or enforcement personnel <input type="checkbox"/> Dept. of Financial Services investigative personnel <input type="checkbox"/> Office of Financial Regulation's Bureau of Financial Investigations investigative personnel <input type="checkbox"/> Firefighters certified in compliance with s.633.408 <input type="checkbox"/> Supreme Court justices, judges: DCA, circuit and county court, current judicial assistants <input type="checkbox"/> State attorneys and assistants, statewide prosecutors, and assistants <input type="checkbox"/> General magistrates, special magistrates, judges of compensation claims <input type="checkbox"/> Division of Admin. Hearings administrative law judges and child support enforcement officers <input type="checkbox"/> Human Resource, Labor Relations personnel of local government or Water Management District <input type="checkbox"/> Code Enforcement officers <input type="checkbox"/> Guardians ad litem, as defined in s.39.820 <input type="checkbox"/> Public Guardian [FS 744.21031] <input type="checkbox"/> Department of Juvenile Justice-certain personnel <input type="checkbox"/> Public defenders/assistant, criminal conflict and civil regional counsel, and their assistants | <ul style="list-style-type: none"> <input type="checkbox"/> Investigators/inspectors of the Dept. of Business and Professional Regulation <input type="checkbox"/> County Tax Collectors <input type="checkbox"/> Dept. of Health personnel involved in eligibility, investigation, prosecution, and inspection <input type="checkbox"/> Impaired practitioner consultants (and their employees), retained by an agency <input type="checkbox"/> Emergency Medical Technicians or Paramedics certified under chapter 401 <input type="checkbox"/> Personnel employed in an agency's office of inspector general or internal audit department <input type="checkbox"/> Employee of an Addiction Treatment Facility <input type="checkbox"/> Employee of a Child Advocacy Center s.39.3035 <input type="checkbox"/> Members of a child protection team s.39.303 <input type="checkbox"/> U.S. Attorneys and assistants <input type="checkbox"/> U.S. Judges or U.S. Magistrate <input type="checkbox"/> Current or former Military/ Special Operations Force Personnel/DOD Employees* and their spouses/dependents per [FS 119.071(5)(k)1.] <input type="checkbox"/> Staff/advocates per s.90.5036(1)(b) of Domestic Violence Center <input type="checkbox"/> Victim of domestic violence participating in Address Confidentiality Program [FS 741.465] ** <input type="checkbox"/> Current or former inspectors or investigators of the Dept. of Agriculture and Consumer Services <input type="checkbox"/> other [FS _____] |
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*Positions with authorization to access information that is deemed "secret" or "top secret" by the Federal Government

**An original Address Confidentiality Authorization Card must be submitted with request



I hereby Request Exemption from Public Disclosure of Personal Information under Chapter 119 F.S. held by the Alachua County Property Appraiser, based on my current or former employment as:

Indicate your profession here

Currently, I own/have beneficial interest in the real property identified by the following Parcel ID Number(s) and/or I own the tangible personal account(s) identified by the following number(s):

Printed Name: _____ Phone Number: _____

Home Address _____

Office of Employment _____

Office Address _____

Job Title/Position _____

Primary Duties _____

If you are actively employed in this position, provide confirmation from current Supervisor:

Supervisor Name (Print) _____	Phone # _____	Signature _____
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If you are retired or formerly employed, provide contact information from the human resources division:

Name of HR Dept. Head (Print) _____	Contact Phone # _____
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Agreement:

I hereby affirm the above information to be true and correct and that I qualify as personnel defined in Section 119.071(4) F.S. and that I have made reasonable efforts to protect such information from being accessible through other means available to the public, if applicable by law.

- The information provided on this request is itself held confidential by the Property Appraiser; however, it may be released upon entry of a court order or your written consent in a given situation.
- I understand the nondisclosure of my information may present issues should I later choose to list my property for sale, refinance, shop for insurance, or attempt to pull permits for work performed to the property such as roofing, air conditioning, fencing, etc; as most companies engaged in these industries rely upon data published in the public records of the Property Appraiser to obtain permits.
- I understand it is my responsibility to obtain copies of my tax notices to supply to agents, contractors, or permitting agencies for such purposes.
- The Property Appraiser is not responsible for information contained on private business sites or public sites such as government websites or search engine sites such as Google. Such sites may have previously obtained property information from this office, a property information service, or previously 'scraped' data, and may have cached such information.
- Furthermore, I understand this request does not cover the blocking of my name and address from any documents held outside the Alachua County Property Appraiser such as but not limited to deeds, mortgages, liens, and permits, either recorded in the public records of Alachua County or held by any other government agency and which may be linked via a web link to or from the Property Appraiser's website.



I agree that by signing below, I have read and understand the aforementioned.

Signature of Requester: _____ **Date:** _____

Notary

State of Florida

County of _____

This instrument was sworn to and subscribed before me on this date _____, by

_____ who is personally known to me or who has

produced _____ as identification by means of

physical presence or online notarization.

Notary Signature

(SEAL)

My Commission Expires _____

Administration Use Only

Staff member verifying proof of ownership: _____ Date request was received: _____

Documents given as proof of ownership: _____

Documents provided: _____