

Request for Access to Confidential Information



Owner Name: _____ Date of Request: _____

Parcel number(s): _____

As the verified owner of the parcel(s) listed above, I am requesting information be printed and given to me.

This information includes: _____

As the verified owner of the parcel(s) listed above, I am requesting that _____
be given access to the following information: _____

I understand that the Alachua County Property Appraiser's Office is not responsible for how the owner wants to disseminate the confidential information received from the Property Appraiser's Office upon the property owner's request. Signing below confirms that I, as the property owner(s), understand the contents of this letter and that I am receiving or allowing the person or business listed above access to my confidential information. The same information will otherwise remain confidential and exempt from release to the public from the Property Appraiser in accordance with chapter 119 F.S. and section 195.084(1) F.S., respectively, until otherwise requested by the owner.

Printed Name of Owner

Signature of Owner

Date

Printed Name of Co-Owner if Applicable

Signature of Co-Owner if Applicable

Date

State of Florida

Notary

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

***** This request must be notarized before it can be approved by the Property Appraiser's Office. *****

Administration Use Only

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

Documents given as proof of ownership: _____

Documents provided: _____