



Bill Furst
SARASOTA COUNTY
PROPERTY APPRAISER

CONFIDENTIALITY REQUEST FORM

Pursuant to §119.071, Florida Statutes, I _____ (Print Name) am requesting that the Sarasota County Property Appraiser maintain the exempt status of certain personal information contained in my property record. **(If request is for multiple properties, a separate form must be submitted for each account.)**

Account Number: _____ Telephone Number: _____

Name of Owner of Record: _____ Relationship to Owner (if not applicant): _____

This request is based upon my current or former status as:

Office of Employment: _____ Job Title: _____

- | | |
|---|---|
| <input type="checkbox"/> Child support enforcement hearing officers | <input type="checkbox"/> Firefighter |
| <input type="checkbox"/> Code inspector or enforcement officer | <input type="checkbox"/> Justice or Judge |
| <input type="checkbox"/> Department of Children and Family Services* | <input type="checkbox"/> Law Enforcement Personnel (including Correctional or Probation Officers) |
| <input type="checkbox"/> Department of Health* | <input type="checkbox"/> Magistrates (General or Special) |
| <input type="checkbox"/> Department of Revenue* | <input type="checkbox"/> Human resource manager/director |
| <input type="checkbox"/> State Attorney, Assistant State Attorney, Statewide Prosecutor, or Assistant Statewide Prosecutor | |
| <input type="checkbox"/> Servicemember of the U.S. Armed Forces, Reserves or National Guard serving after 9/11/2001 | |
| <input type="checkbox"/> Spouse or <input type="checkbox"/> Child of a public employee/official/servicemember listed above (must also check the applicable employee/official/servecemember) | |
| <input type="checkbox"/> Victim of a crime as described in § 119.071(2)4(j), F.S. – Information shall cease to be exempt 5 years after receipt of request. | |

* Whose duties are or were to support the investigation of child abuse, neglect, exploitation, fraud, theft, or other criminal activities, revenue collection and enforcement or child support enforcement.

ATTACH ALL OF THE FOLLOWING DOCUMENTS:

- 1) Copy of employee or military photo ID and badge (if applicable), 2) Valid state-issued driver's license or identification card,
- 3) Additional evidence or documentation verifiable by the property appraiser to support your claim.

Permanent Mailing Address Change (if applicable) - I request your office permanently change my mailing address to:

Servicemembers only: I hereby affirm that I have made reasonable efforts to protect the information for which I am requesting protection from being accessible through other means available to the public. _____ (Initial)

I hereby verify the above information is true and correct. I understand that this request only applies to suppressing certain personal information in my account's property record card maintained by the Sarasota County Property Appraiser's office.

 Signature

 Date

Notice: Your information may be shared with the Florida Department of Revenue, the Sarasota County Tax Collector, and authorized government agencies, per §195.084, Florida Statutes.

For Property Appraiser's Office use only:

Date processed: _____ Approved Denied Deputy: _____

Reason for Denial: _____