



**Bill Furst**  
**Sarasota County Property Appraiser**

**REQUEST FOR CONFIDENTIALITY OF PERSONAL INFORMATION**

**Please complete a separate request form for each property**

Pursuant to Florida Statue §119.071(4)(d), I request that the Sarasota County Property Appraiser maintain the exempt status of certain personal information contained in my property record.

My Parcel ID Number is: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name of Owner of Record: \_\_\_\_\_

Relationship to Owner (if not applicant): \_\_\_\_\_

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

**PHOTOGRAPHIC PROOF OF IDENTITY MUST BE PROVIDED WITH THIS REQUEST**

(e.g., valid Florida drivers license, employee ID badge, etc.)

- |   |   |
|---|---|
| <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"/> State Attorney, Assistant State Attorney, Statewide Prosecutor, or Assistant Statewide Prosecutor                          |   |
| <input type="checkbox"/> Spouse or Child (circle one) of a public employee/official listed above (must also check the applicable employee/official) |   |

\* 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.

I authorize the Property Appraiser to change the mailing address of this property to the following address.  
Future assessment notices, exemption receipts, and tax statements will be mailed to this address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

You will receive a copy of this form signed by an authorized representative from our office to confirm this request has been processed. Your information may be shared with the Florida Department of Revenue, the Sarasota County Tax Collector, and authorized government agencies, per Florida Statute §195.084.

**OTHER COUNTY GOVERNMENT OFFICES TO CONSIDER CONTACTING:**

- ▶ Sarasota Clerk of the Circuit Court and Comptroller: Official Records – (941) 861-7400
- ▶ Sarasota County Supervisor of Elections: Voter Registration Records – (941) 861-8600
- ▶ Sarasota County Tax Collector: Drivers License, Vehicle Registration, and Property Tax Records – (941) 861-8300

**For Property Appraiser's use:**

Date received: \_\_\_\_\_ Date processed: \_\_\_\_\_ Date confirmation mailed: \_\_\_\_\_

Sarasota County Property Appraiser Authorized Signature \_\_\_\_\_