



## DATA REQUEST FORM

Telephone: 772-462-1000 • Email: [PA\\_DataRequests@paslc.gov](mailto:PA_DataRequests@paslc.gov) • [www.paslc.gov](http://www.paslc.gov)

Date of Request: \_\_\_\_\_ Phone: \_\_\_\_\_

Requesting Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Describe The Specific Records of This Request:

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What Information About These Records Is Requested?

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How Would You Prefer This Request Be Delivered to You?

ShareFile Download with email notification

Email (small files only)

USB Flash Drive

By my signature below I hereby acknowledge my understanding that the data requested from the St. Lucie County Property Appraiser has been prepared for the purposes of achieving the constitutional tasks charged to this office only and does not necessarily reflect an actual survey. I further acknowledge that the St. Lucie County Property Appraiser does not assume responsibility for errors or omissions in the data provided.

I also understand that upon submitting this request I will be contacted by the office to provide a quote of cost associated with this request and that said cost quote is based on the actual costs incurred to the office in providing this service. Furthermore, I understand that I should allow up to 10 business days from the date of receipt by the office of this signed request form as well as the accompanying payment to receive my requested data not including time for shipping and/or delivery.

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