



## REQUEST TO REMOVE CONFIDENTIAL STATUS

Pursuant to Section 119.071 Florida Statutes, I request to remove my protected/exempt status on file with the St. Lucie County Property Appraiser's Office for the property listed below (complete a form for each Parcel ID being requested):

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

New Mailing Address (if applicable): \_\_\_\_\_

I understand that this request to remove the confidential status from my property will update the records on file with the St. Lucie County Property Appraiser's Office only. If I would like to remove the protected/exempt status through another agency, I must contact that agency directly. Further, I understand that if I would like to have my property information protected/exempt in the future, I must submit a new request.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
*I hereby verify the above information to be true and correct. (attach driver license)*

STATE OF FLORIDA  
COUNTY OF ST LUCIE

Sworn to (or affirmed) and subscribed before me by means of \_\_\_\_ physical presence or \_\_\_\_ online notarization, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is Personally Known \_\_\_\_ OR Produced Identification \_\_\_\_ Type of Identification Produced \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public - State of Florida

\_\_\_\_\_  
Print, Type, or Stamp Commissioned Name of Notary Public

Return completed form and supporting documentation to:

**Mail:** St. Lucie County Property Appraiser  
Attn: Records Management  
2300 Virginia Avenue, Room 107  
Fort Pierce, FL 34982-5632

or

**Fax:** 772-462-1058  
Attn: Records Management

**Upload** using QR code or link:  
<https://www.paslc.gov/ConfReq>



Received: \_\_\_\_\_ Completed: \_\_\_\_\_  
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