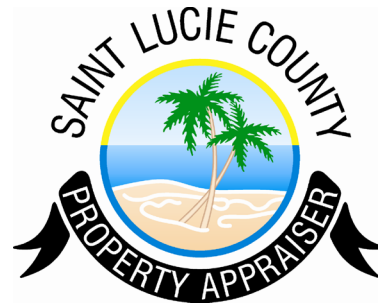


Michelle Franklin, CFA

PROPERTY APPRAISER • Saint Lucie County

2300 Virginia Avenue, Fort Pierce, Florida 34982-5632



CONFIDENTIALITY REQUEST FORM

Pursuant to Section 119.071 Florida Statutes - General exemptions from inspection or copying of public records, I request that my Name and Transfer Information which may lead to my dwelling location being revealed, be protected/exempt from disclosure in the Property Appraiser's records for the property listed below (complete a form for each Parcel ID being requested):

Applicant: _____ Co-Applicant: _____

Property Address: _____ Or Parcel Number: _____

Home Address (if different): _____

I am the owner of the property: Yes No If No, owner's name: _____

I qualify for protection as: Individual covered by Section 119.071(2), (4), or (5) Spouse Child

Specify the exemption you qualify for as defined in Section 119.071 (4) (d), Florida Statute:

(Attach driver license and employee ID or other documentation to support the current or former qualifying exemption)

Signature of Applicant: _____ Phone Number: _____ Date: _____

I hereby verify the above information to be true and correct and that I qualify as personnel as defined in Section 119.071 (4) (d) Florida Statute.

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

MAIL TO: SAINT LUCIE COUNTY PROPERTY APPRAISER OR
ATTN: RECORDS MANAGEMENT
2300 VIRGINIA AVENUE, ROOM 107
FORT PIERCE, FL 34982-5632

FAX TO: 772-462-1058
ATTN: RECORDS MANAGEMENT

UPLOAD USING QR CODE OR LINK BELOW:
<https://www.paslc.gov/ConfReq>



Received: _____ Completed: _____