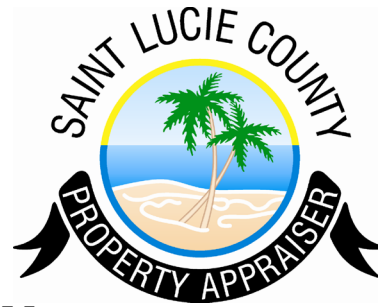


# Michelle Franklin, CFA

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

OR

**MAIL TO: SAINT LUCIE COUNTY PROPERTY APPRAISER  
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: \_\_\_\_\_