



Bill Furst
SARASOTA COUNTY
PROPERTY APPRAISER

REQUEST FOR EXEMPTION FROM
PUBLIC RECORDS DISCLOSURE

(§ 119.071, Florida Statutes)

Instructions: Complete all pages of this form to request exemption from public records disclosure for the **property you own and maintain as your permanent residence** in Sarasota County, Florida. Attach any additional evidence or documentation, verifiable by the Property Appraiser, to support your claim of qualification. Florida law requires that this form be completed by the confidential/protected party and notarized. For requests made in person, the exempted must present valid identification.

I, _____ (*Print Name of Exemptee/Property Owner*), hereby request the Sarasota County Property Appraiser's Office to suppress property information exempt under section 119.071, F.S. This request is applicable only for Parcel ID Number _____, located at my property with a street address:

☐ I understand that my mailing address is not confidential or exempt. Initials: _____

☐ I am requesting a mailing address change to an alternate postal address:

Exemption eligibility, I am:

☐ Currently Employed ☐ Formerly employed, or ☐ Confidential Spouse or Child (circle one)

and (enter name of protected party): _____

Enter the information below for the eligible protected party of a government agency:

Employer: _____

Employer Address: _____

Position Held: _____ Employee ID Number: _____

Supervisor/Human Resources Name: _____ Phone Number: _____

I have attached the following required supporting documentation:

☐ Valid identification ☐ Employee ID/ badge ☐ Other: _____

OR

☐ Victim of Certain Crime, and I have attached (document type): _____

Important: Court documentation is required, such as a probable cause affidavit, domestic violence injunction, police report, or other official documentation to support the exempt status for the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence. This is a five (5) year exemption from the date of request, after which your information will no longer be exempt from public records. See §119.071(2)(j)1

The **qualifying category** for my **primary residence** under Chapter 119.071(4)(d) 2., is part:

☐ a. Active or Former **Law Enforcement** (Sworn or Civilian), **Correctional** or **Probation Officers, Investigators** with the **Department of Children and Families, Department of Revenue, or Local Government** revenue collection personnel, including child support enforcement

☐ b. Active or Former **Department of Financial Services** non-sworn investigative personnel for fraud, theft, workers' compensation

☐ c. Current or Former **Office of Financial Regulation's Bureau of Financial Investigations** for fraud, theft, criminal activities, or state regulations

☐ d. Current or Former **Firefighters (FL Certified)**

☐ e. Current or Former **Justice or Judge** (Circuit County, District, Supreme) and Current **Judicial Assistants*** (Class Code 8140, 8150, 8310 and 8320)

☐ f. Current or Former **State Attorney** (or Assistant) or **State Prosecutor** (or Assistant)

☐ g. Current **General / Special Magistrates*, Compensation Claim Judge*, or Administrative Law Judges*** (Division of Administrative Hearings) **Child Support Enforcement Hearing Officer***

☐ h. Current or Former **Human Resources, Labor, and Employee Relations of, Assistant Directors or Assistant Managers,** of a local government agency or water management district

☐ i. Current or Former **Code Enforcement Officer**

☐ j. Current or Former **Guardian ad litem** as defined in s. 39.820

☐ k. Current or Former **Juvenile Probation, Detention Officers or Supervisors** and other similar, **Human and Social Service Counselors**

☐ l. Current or Former **Public Defenders, Criminal Conflict, Civil Regional Counsel** (or Assistants)

☐ m. Current or Former **Investigator/Inspector** of the **Department of Business & Professional Regulation**

☐ n. Current **County Tax Collector ***

☐ o. Current or Former **Department of Health,** where duties include determining or prosecuting disability, or investigators

☐ p. Current or Former **Impaired Practitioner Consultants**

☐ q. Current or Former **Emergency Medical Technicians or Paramedics (FL Certified)**

☐ r. Current or Former **Office of Inspector General** personnel or internal audit department

☐ s. Current or Former Managers/Supervisors, Nurses, Clinical Employees of an **Addiction Treatment Facility** (County Government or Agency thereof)

☐ t. Current or Former Managers/Supervisors, Nurses, Clinical Employees of a **Child Advocacy Center/ Child Protection Team** §39.303, §39.3035 (2), (3))

☐ u. Current or Former Staff of **Domestic Violence Centers** certified by the **Department of Children and Families**

☐ v. Current or Former **Inspectors or Investigators** of the **Department of Agriculture and Consumer Services**

☐ **Victim of a specified Crime** –Exempted for 5 years from the date of request, see §119.071(2)(j)1

☐ **United States Attorney, United States Judge-District or Court of Appeals, United States Magistrate** I hereby affirm that I have made reasonable efforts to protect the information for which I am requesting exemption from being accessible through other means available to the public. _____ **Initial here** §119.071(5)(i)

☐ ***Active Private Investigator, Private Security*** and **Repossession Services**– Class “C,” “CC,” “E,” “EE” Licensee §493.6122

(continued next page)

With my signature and initials, I acknowledge the following:

- This **exemption request must be acknowledged and signed in the presence of a notary.**
- This does not apply to property information previously obtained by public or private entities.
- For suppression of documents recorded with any other agency, I MUST contact those agencies directly.
- If I am a **magistrate*, judge*, judicial assistant*, child support enforcement hearing officer*, or county tax collector***; or, per [§493.6122] a private **investigator* or other***, who is eligible for this confidentiality only for the **duration of employment**, it is my responsibility to notify the Property Appraiser in writing when I cease to qualify for the exemption.
- If I previously requested protection of a property that is no longer my residence, I am required by law to submit a written, notarized request to release the exemption. See our official form entitled, *Release of Property Information Exempt from Public Records*, available for download on our website, www.sc-pa.com.
- My property information made exempt under Chapter 119.071 may be disclosed under s. 28.2221 to a title insurer authorized under s. 624.401 and its affiliates as defined in s. 624.10; a title insurance agent or title insurance agency as defined in s. 626.841(1) or (2), respectively; or an attorney duly admitted to practice law in this state with good standing with The Florida Bar. The Property Appraiser shall send me a copy as a notification to my postal address on record for this property.
- If approved, my information will be redacted from the Property Appraiser's website as timely as possible.

Initials: _____

I hereby affirm the above information to be true and correct and that I qualify as personnel defined in § 119.071, Florida Statutes. I understand that by suppressing information, no data held in the records of the Property Appraiser regarding my name will appear on the Property Appraiser's website. The information provided on this request is itself held confidential by the Property Appraiser; however, it may be released upon entry of a court order. I agree to indemnify and hold harmless the Property Appraiser and staff for actions, reactions, or events that may be the direct or indirect result of this request.

Print Exemptee Name

Signature of Exemptee (*in the presence of a Notary*)

NOTARIAL CERTIFICATE

State of _____

County of _____

Signed and sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ on-line notarization, this

_____ day of _____, 20_____ by (applicant) _____



Notary Seal

Signature of Notary

Name of Notary (Typed, Printed, or Stamped)

Personally Known ☐ or, Produced Identification ☐ Type of Identification Produced _____

Return the completed form by mail, or in person to our main office Monday-Friday 8:30 am-5 pm: Sarasota County Property Appraiser, 2001 Adams Lane, Sarasota FL 34237 | Send by email to: PA@sc-pa.com