



MARSHA M. FAUX, CFA, ASA
POLK COUNTY PROPERTY APPRAISER
Request for Confidentiality
Law Enforcement Personnel
Pursuant to Florida Statute 119.071(4) (d) 1

PART I – TO BE COMPLETED BY EMPLOYEE OR RETIREE

Parcel/Account Number (if known)

Physical Address of Applicant's Property (required)

Mailing Address of Applicant (required)

Applicant's Employer

Applicant's Job Title

Required Documentation: Agency identification will be considered as documentation supporting the claim that the applicant is qualified for the public records exemption. A copy must be attached to this application.

I have reviewed the Florida Statute listed above and to the best of my knowledge I am in compliance and qualify for the public records exemption.

Signature: _____

Date: _____

Print Name: _____

Daytime Phone: _____

PART II – TO BE COMPLETED BY THE EMPLOYING AGENCY

To the best of my knowledge and belief, I certify that the employee/retiree listed above meets the requirements set forth in FLORIDA STATUTE 119.071(4) (d) 1 for public records exemption.

Authorized Signature / Job Title: _____

Date: _____

Daytime Phone: _____

PART III – TO BE COMPLETED BY THE PROPERTY APPRAISER

Identification Reviewed: _____ Property Appraiser/Deputy: _____ Date: _____