

**MARSHA M. FAUX, CFA, ASA**  
**POLK COUNTY PROPERTY APPRAISER**  
**Request for Exemption from Public Records Disclosure**  
**[Florida Statute 119.071](#)**

**IMPORTANT NOTICE: THIS REQUEST MUST BE NOTARIZED**

Pursuant to [Section 119.01, Florida Statutes \(F.S.\)](#), it is the policy of the State of Florida that all state, county and municipal records, are open for inspection and copying by any person. Providing access to public records that are not exempted by law from public disclosure is the duty of this agency.

Florida Statutes contain a listing of designated officers and employees that may have certain personal, identifying information exempted from disclosure as a public record upon written request.

**INSTRUCTIONS:** Complete this form to request exemption from public records disclosure for property you own in Polk County, Florida, if you are qualified personnel as defined in [119.071](#), [493.6122](#) or [744.21031](#), Florida Statutes.

**Incomplete submissions, which cannot be verified by the Property Appraiser, will not be processed and will be returned to the applicant.**

- If information supplied is insufficient to make a determination, the Property Appraiser may require additional information. Attach any additional evidence or documentation, verifiable by the Property Appraiser, to support your claim of qualification.
- If this request is for a newly purchased property for which your name does not yet appear on the tax roll records, a copy of the new deed must be attached.

I, \_\_\_\_\_(PRINT NAME), am requesting the suppression of certain personal information contained in the Property Appraiser’s public records.

Owner Name(s): \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Permanent Mailing Address Change (if applicable) - I request your office change my mailing address to:

Mailing Address: \_\_\_\_\_

*Note: If you are requesting an address change for a Homestead property, an [Address Verification Affidavit form](#) must also be submitted.*

**Provide the parcel/account number (Real Property or Tangible Personal Property) and address of the property to be suppressed.**

*Note: A separate form is required for each parcel/account.*

Parcel / Account Number

Property (Site) Address

**EMPLOYMENT INFORMATION**

Office of Employment: \_\_\_\_\_ Employee ID Number: \_\_\_\_\_

Office Address: \_\_\_\_\_ Job/Position Held: \_\_\_\_\_

Primary Duties/Responsibilities: \_\_\_\_\_

For Current Employment, provide the following:

Supervisor’s Name (Print): \_\_\_\_\_ Supervisor’s Phone #: \_\_\_\_\_

For Former Employment, provide a name and contact phone number to the Human Resources division for verification of prior employment:

Supervisor’s Name (Print): \_\_\_\_\_ Supervisor’s Phone #: \_\_\_\_\_

**SELECT THE APPROPRIATE CURRENT OR FORMER EMPLOYMENT STATUS AND CLASSIFICATION PER §119.071, §493.6122 or §744.21031:**

Note: If your spouse and /or children are subject to your exemption (*not applicable for all classifications\**), please check here \_\_\_ and attach a page with the name, date of birth, and relationship of each to assist in identifying each person.

- Law enforcement** personnel or civilian personal employed by a law enforcement agency (including correctional & correctional probation officers) [[§119.071\(4\)\(d\)2.a](#)]
- Investigative personnel with **Department of Children and Families** [[§119.071\(4\)\(d\)2.a](#)]
- Department of Health** personnel whose duties support the investigations of child abuse or neglect [[§119.071\(4\)\(d\)2.a](#)] OR **Department of Health** personnel whose duties are defined in [[§119.071\(4\)\(d\)2.o](#)] \*\*
- Department of Revenue or Local Government** revenue collection and enforcement or child support personnel [[§119.071\(4\)\(d\)2.a](#)]
- Department of Financial Services** non-sworn investigative personnel [[§119.071\(4\)\(d\)2.b](#)]
- Office of Financial Regulation's Bureau of Financial Investigations** non-sworn investigative personnel [[§119.071\(4\)\(d\)2.c](#)]
- Firefighters** certified in compliance with s. [633.408](#), F.S. [[§119.071\(4\)\(d\)2.d](#)]
- Justice of the Florida Supreme Court; or Judge of district court of appeal, Circuit Court or County Court** [[§119.071\(4\)\(d\)2.e](#)]
- State Attorney (or Assistant State Attorney) or Statewide Prosecutor (or Assistant Statewide Prosecutor)** [[§119.071\(4\)\(d\)2.f](#)]
- General / Special Magistrates or Judge of Compensation Claims** [[§119.071\(4\)\(d\)2.g](#)] \*\*
- Administrative Law Judge of the Division of Administrative Hearings** [[§119.071\(4\)\(d\)2.g](#)] \*\*
- Child Support Enforcement Hearing Officer** [[§119.071\(4\)\(d\)2.g](#)] \*\*
- Human Resource, Labor Relations or Employee Relations director, assistant director, manager or assistant manager of any local government agency or water management district with personnel-related duties** [[§119.071\(4\)\(d\)2.h](#)]
- Code Enforcement Officer** [[§119.071\(4\)\(d\)2.i](#)]
- Guardian ad litem** as defined in s[39.820](#) [[§119.071\(4\)\(d\)2.j](#)] \*\*
- Public Guardians** and their employees with "fiduciary responsibility" [[§744.21031](#)]
- Hospital Employees** who provide direct patient care or security services [[§395.3025](#)]
- Private Investigative, Private Security and Repossession Services licensee** as defined in [[§493.6122](#)]
- Juvenile probation officers / supervisors, Detention superintendents (or Assistant detention superintendents), Juvenile justice detention officers I and II, Officer supervisors, Residential officers, Residential officer supervisors I and II, Counselors, Counselor supervisors, Human services counselor administrators, Senior human services counselor administrators, Rehabilitation therapists, and Social services counselors of the **Department of Juvenile Justice** [[§119.071\(4\)\(d\)2.k](#)]
- Public Defender / Assistant Public Defender / Criminal Conflict and Civil Regional Counsel / Assistant Criminal Conflict and Civil Regional Counsel** [[§119.071\(4\)\(d\)2.l](#)]
- Investigator / Inspector of **Department of Business & Professional Regulation** [[§119.071\(4\)\(d\)2.m](#)] \*\*
- County Tax Collector** [[§119.071\(4\)\(d\)2.n](#)] \*\*
- Impaired Practitioner Consultants or Impaired Practitioner Consultant's employees** whose duties result in a determination of a person's skill and safety to practice a licensed profession [[§119.071\(4\)\(d\)2.p](#)] \*\*
- Emergency Medical Technicians or Paramedics** certified under [chapter 401](#) [[§119.071\(4\)\(d\)2.q](#)] \*\*
- Office of Inspector General personnel or internal audit department** whose duties include auditing or investigating waste, fraud, abuse, theft, exploitation, or other activities that could lead to criminal prosecution or administrative discipline [[§119.071\(4\)2.r](#)] \*\*
- Director, Manager, Supervisor, nurse or clinical employee of an **Addiction Treatment Facility** in [[§119.071\(4\)2.s](#)]
- Director, Manager, Supervisor or clinical employee of a **Child Advocacy Center / member of a Child Protection Team** as defined in [[§119.071\(4\)2.t](#)]
- U.S. Attorney / Assistant U.S. Attorney / U.S. Judge of Court of Appeal / U.S. District Judge / U.S. Magistrate** [[§119.071\(5\)\(i\)](#)] \*\*
- Member of the **Armed Forces of the United States, a reserve component of the Armed Forces of the United States, or the National Guard, who served after September 11, 2001** [[§119.071\(5\)\(k\)](#)] \*\*

**OR I am a:**

- Victim\*** of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence. Attach official verification that crime occurred [[§119.071\(2\)\(j\)1](#)]
- Victim\*** in an allegation of sexual harassment [[§119.071\(2\)\(n\)](#)]
- Victim\*** of an incident of mass violence [[§119.071\(2\)\(o\)](#)]

**\*\*If classification selected above, person also certifies:**

I hereby affirm that I have made reasonable efforts to protect the information for which I am requesting protection from being accessible through other means available to the public. \_\_\_\_\_ (SIGNATURE REQUIRED)

**NOTICE - READ THOROUGHLY AND INITIAL EACH ITEM:**

Upon submittal of this request, I agree to indemnify and hold harmless the Polk County Property Appraiser (PCPA) and staff for actions, reactions, or events that may be the direct or indirect result of this request. I hereby affirm the above information to be true and correct and that I qualify as personnel defined in §119.071, 493.6122 or 744.21031, Florida Statutes.

- I understand that by suppressing information, no data held in the records of the Property Appraiser, regarding my name and the instrument number or Official Records book(s) and page(s) of recorded documents related to the property, will appear on the Property Appraiser’s website. The information provided on this request is itself held exempt from public records disclosure by the Property Appraiser; however, it may be released upon entry of a court order.
- I understand this request *does not* cover the blocking of my street address, legal description, or other information identifying real property within the Property Appraiser’s records so long as my name or other personal exempt information is not displayed.
- **I understand that if I use my confidential site address as the mailing address for any other property it will not be exempt from public record, it will be displayed.**
- I understand the suppression of my information may present issues should I later choose to list my property for sale, refinance, shop for insurance, or attempt to pull permits for work performed to the property such as roofing, air conditioning, fencing, etc.; as most companies engaged in these industries rely upon data published in the public records of the Property Appraiser and it is my responsibility to retain copies of my tax notices to supply to agents, contractors, or permitting agencies for such purposes.
- I understand The Property Appraiser is not responsible for information contained on private business sites or public sites such as government websites or search engine sites such as Google, Bing or Yahoo. Such sites may have previously obtained property information from this office, a property information service, or previously ‘scraped’ data, and may have cached such information.
- I understand that, if approved, my information will be redacted from the Property Appraiser’s website during the next regularly scheduled update. Therefore, I understand that my information will be updated as timely as possible and feasible by the Property Appraiser. I understand it cannot and will not be removed from the site immediately upon submission of this request due to update cycles.
- I understand this request does not cover the blocking of my name and home address from any documents including but not limited to deeds, mortgages, liens, and permits, either recorded in the public records of Polk County or held by any other government agency and which may be linked via a web link to or from the Property Appraiser’s website. **For suppression of documents held by any other agency, you MUST contact those agencies directly.**
- I understand information that is exempt from public disclosure under 193.074, Florida Statutes, is subject to the inspection and copying requirements of Florida’s Public Records Law when it has been submitted by a taxpayer to a value adjustment board as evidence in an assessment dispute.
- I understand that before my information may be released, I must provide a written, notarized request that specifies the information to be released, and the party that is authorized to receive the information, along with a copy of my current photo ID. **I understand co-owners on my property, may obtain information in-person by showing a current photo ID that matches the name the PCPA has on record (co-owners will not be able to request removal of exemption from public records disclosure).**
- Should I no longer desire or qualify for exemption under the statute, I understand it is my responsibility to submit to the Property Appraiser a written, notarized request for removal of my exemption from public records disclosure.

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Applicant Phone # (Required): \_\_\_\_\_ Applicant Email (Required): \_\_\_\_\_

***By signing below, I acknowledge that I fully understand and agree to the policies and practices of this office as set forth by the Florida Statutes. I have availed myself of the opportunity to ask questions, seek clarification, or obtain additional information prior to filing this form. I also agree that all the information provided is true to the best of my knowledge.***

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of Florida  
County of \_\_\_\_\_

The foregoing instrument was sworn to and subscribed before me by means of [ ] physical appearance or [ ] online notarization this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by, \_\_\_\_\_, who [ ] is personally known to me or [ ] who has produced \_\_\_\_\_ as identification.

[Notary Stamp]

\_\_\_\_\_  
Notary Public, State of Florida  
Printed Name: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

**ATTACH ALL OF THE FOLLOWING:**

- Legible copy of employee ID/Badge w/photo
- Valid state-issued driver's license or ID
- Additional evidence or documentation to support your qualification for exempt status

COPY OF EMPLOYEE ID / BADGE  
WITH PHOTO (FRONT)  
HERE

COPY OF EMPLOYEE ID / BADGE  
WITH PHOTO (BACK)  
HERE

COPY OF VALID STATE ISSUED  
LICENSE OR ID WITH PHOTO  
(FRONT)  
HERE

COPY OF VALID STATE ISSUED  
LICENSE OR ID WITH PHOTO  
(BACK)  
HERE



Submit **original** application to:  
*(Scanned or fax copies not accepted)*

Polk County Property Appraiser's Office  
**ONLY accepted in our Bartow Office**  
Location: 255 N. Wilson Ave  
Bartow, FL 33830  
Phone: (863) 534-777  
Hours: 8am to 4:30pm