PALM BEACH COUNTY PROPERTY APPRAISER'S OFFICE
CONFIDENTIAL RECORD REQUEST AFFIDAVIT

BEFORE ME, the undersigned authority, personally appeared _____ who in my presence, upon being duly sworn and deposed, states the following:

1. I am over the age of eighteen (18) and have personal knowledge of the matters contained herein.

2. I own / have homestead beneficial interest in the real property (properties) identified by the following *Property Control Number(s):

   _____-_____-_____-_____-_____-_____-_____

   _____-_____-_____-_____-_____-_____-_____

   I own the *tangible personal account (accounts) identified by the following account number(s):

   _____ _____ _____

3. My home address is as follows:

   Street Address_____ Apt/Unit No._____

   City _____ State _____ Zip Code _____

4. I request that my home address appearing in the records of the Property Appraiser's Office be held in confidence pursuant to Sections 119.071(2)(h)1, 119.071(2)(j)1, 119.071(4)(d)1-6 and 493.6122, Florida Statutes, because I am a (check applicable box below)

a. ( ) Current or former sworn or civilian law enforcement personnel, or their spouse or child.
Badge No. _____; Jurisdiction _____

b. ( ) Current or former correctional or probation officer, or their spouse or child.
Badge No. _____

c. ( ) Current or former investigative personnel of Department of Children and Family Services or Department of Business & Professional Regulation, or their spouse or child.

d. ( ) Current or former revenue and support enforcement personnel of the Department of Revenue, or their spouse or child.

e. ( ) Firefighter certified pursuant to Fla. Stat.633.35, or their spouse or child.
Certification No. _____

f. ( ) Current or former State or County Court Judge, or their spouse or child.

g. ( ) Current or former human resource, labor relations, or employee relations director, assistant director, manager, or assistant manager of any local government agency or water management district whose duties include hiring and firing employees, labor contract negotiation, administration, or other personnel-related duties; or their spouse or child.

h. ( ) Current or former personnel of the Department of Health whose duties involve(d) the investigation of child abuse or neglect.

i. ( ) Current or former State Attorney, Assistant State Attorney, Statewide Prosecutor or Assistant Statewide Prosecutor, or their spouse or child.

j. ( ) Current or former public defender, assistant public defender, criminal conflict and civil regional counsel, and assistant criminal conflict and civil regional counsel or their spouse or child's places of employment and/or names locations of schools and day care facilities.

*****Property Control Numbers (PCN) and Tangible Account Numbers can be found on the Property Appraiser's website: www.pbcgov.com/papa

k. ( ) Current or former United States Attorney and Assistant United States Attorney, or their spouse or child.

l. ( ) Current or former Federal Judge or Magistrate, or their spouse or child.

m. ( ) Current or former code enforcement officer, or their spouse or child.

n. ( ) Local government agency employee whose main responsibilities include revenue collection and enforcement including child support.

o. ( ) Private Investigators holding a Class: C, CC, E, EE, license maintained by the Department. License No. _____. (A copy of this license must accompany this request.)

p. ( ) Victim of sexual battery, lewd or lascivious offense committed upon or in the presence of a person less than 16 years of age, child abuse or victim of any sexual offense.

q. ( ) Victim of domestic violence, aggravated stalking, harassment, or aggravated battery (Must include official verification that an applicable crime has occurred. Information shall cease to be exempt 5 years after the receipt of the written request.

r. ( ) Current or former guardian ad litem (submit a written statement that he or she has made reasonable efforts to protect such information from being accessible through other means available to the public).

s. ( ) Current or former general magistrates, special magistrates, judges of compensation claims, administrative law judges of the Division of Administrative Hearings, and child support enforcement hearing officers.

t. ( ) Current or former member of the Armed Forces of the United States, a reserve component of the Armed Forces of the United States, or the National Guard, or their spouse or child, who served after September 11, 2001. (Must submit official documentation of entry and a written statement that he or she has made reasonable efforts to protect such information from being accessible through other means available to the public).

u. ( ) Current or former employee of the Department of Juvenile Justice, or their spouse or child.

5. I submit this affidavit to the Property Appraiser's Office to remove my home address from the property tax rolls.

6. **I certify that the above information is true and correct. I am familiar with the nature of an oath and with the penalties provided by Florida for falsely swearing to a document.**

_____
Owner's signature

COUNTY OF _____
STATE OF _____

SWORN TO and subscribed before me this _____ day of _____, 20____, by _____ who (check one) is (___) personally known to me or (___) who produced a _____as identification.

(Notary Seal)

_____
NOTARY PUBLIC'S SIGNATURE

Please return this affidavit to the Palm Beach County Property Appraiser's Office, Attn: Confidential Records, 301 N. Olive Ave., Governmental Center, First Floor – West Palm Beach FL 33401. If you have questions, please call (561) 355-2866.

<u>NOTE:</u> If you relocate you must submit another Confidential Record Request Affidavit.