



# Gregory S. Brown II, CFA

## Santa Rosa County Property Appraiser



### PUBLIC RECORDS EXEMPTION REQUEST Pursuant to §119.071(4)(d)

Pursuant to Florida Statute 119.071, I \_\_\_\_\_ (print name) am requesting that you suppress any information in your public records, which would reveal my name as an individual with exempt status.

Property, which I own in Santa Rosa County, for which I have been granted homestead exemption:

Parcel ID # (19 digits): \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name(s) on Title/Property: \_\_\_\_\_

Property, which I own in Santa Rosa County, either alone or jointly with another party, which has not been granted homestead, but for which the tax bill is mailed to my attention at my home address (attach additional sheet if necessary):

Parcel ID # (19 digits): \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name(s) on Title/Property: \_\_\_\_\_

I am (Select the appropriate status, please choose only one of the following):

- Current     Former     Spouse of current     Spouse of a former     Child of current     Child of a former

I am: (Select the appropriate classification):

- |   |  |
|---|--|
| <input type="checkbox"/> Law Enforcement  | <input type="checkbox"/> Firefighter   |
| <input type="checkbox"/> Correctional or Probation Officer  | <input type="checkbox"/> Judge ( <i>Supreme, District Appeals Circuit, or County</i> )       |
| <input type="checkbox"/> State Attorney or US Attorney  | <input type="checkbox"/> Government Management Employee                                      |
| <input type="checkbox"/> State/Federal Prosecutor or Public Defender  | <input type="checkbox"/> Guardian ad Litem   |
| <input type="checkbox"/> Investigator/Enforcement Officer<br>( <i>Department of Health, Revenue, or Children &amp; Family</i> ) | <input type="checkbox"/> Service Member of the US Armed Forces<br>who served after 9/11/2001 |
| <input type="checkbox"/> Code Enforcement Officer   | <input type="checkbox"/> Victim of a Violent Crime   |

Qualifying Employer: \_\_\_\_\_

*\* A copy of your official identification must be included in order to process your request.*

I certify 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. *\*The Property Appraiser cannot be held responsible for blocking addresses of parcels not listed above or attached hereto.*

**Signature (in presence of Notary):** \_\_\_\_\_ **Date:** \_\_\_\_\_

### NOTARY AFFIRMATION

**STATE OF** \_\_\_\_\_  
**COUNTY OF** \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who (check one) is  personally known to me, or  who produced \_\_\_\_\_ as identification.

*(Affix Notary Seal in space below)*

\_\_\_\_\_  
**Signature of Notary**

\_\_\_\_\_  
**Print Name**