BUILDING DEPARTMENT CONFIDENTIALITY REQUEST FORM

Pursuant to Section 119.071 Florida Statutes – General exemptions from inspection or copying of public records, I request that my Name and Transfer Information which may lead to my dwelling location being revealed, be protected/exempt from disclosure in the Building Dept. records for the property listed below **(complete a form for each parcel id being requested):**

Applicant: _____ Co-Applicant: _____

Phone Number: Work: _____ Cellular: _____

Email: _____

Property Address: _____ Parcel ID: _____

Office of Employment: _____

Job Title: _____

Employee ID Number: _____ **(Please attach a copy of the Employee ID)**

Specify the exemption you qualify for as defined in CHAPTER 119.071 (4) (d), Florida Statutes:
(Attach evidence or documentation, which is verifiable by the Property Appraiser, to support your claim)

_____
(Please print)

Signature of Application: _____ Date: _____

Signature of Co-Application: _____ Date: _____

I hereby verify that the above information to be true and correct and that I qualify as personnel as defined in Chapter 119.071 (4) (d) Florida Statute.

STATE OF FLORIDA
COUNTY OF MONROE

_____ _____
Signature Printed Name

BEFORE ME, an office duly authorized to accept acknowledgments and affirmations, personally appeared

_____ who (check one) is ( ) personally known to me, or ( ) produced

_____ as identification, first being duly sworn, deposes and says that the above information is true and correct to the best of his/her knowledge, information and belief.

Sworn and subscribed before me this ___ day of _____, 20 ____.

_____ Notary Public – State of Florida