



DATA REQUEST FORM

Telephone: 772-462-1000 • Email: PA_DataRequests@paslc.gov • www.paslc.gov

Date of Request: _____ Phone: _____

Requesting Agency: _____

Contact Person: _____ Email: _____

Mailing Address: _____

Describe The Specific Records of This Request:

What Information About These Records Is Requested?

How Would You Prefer This Request Be Delivered to You?

FTP Download with email notification

Email (small files only)

CD with US Postal Service delivery

CD to be picked up at the Property Appraiser's Office

By my signature below I hereby acknowledge my understanding that the data requested from the Saint Lucie County Property Appraiser has been prepared for the purposes of achieving the constitutional tasks charged to this office only and does not necessarily reflect an actual survey. I further acknowledge that the Saint Lucie County Property Appraiser does not assume responsibility for errors or omissions in the data provided.

I also understand that upon submitting this request I will be contacted by the office to provide a quote of cost associated with this request and that said cost quote is based on the actual costs incurred to the office in providing this service. Furthermore, I understand that I should allow up to 10 business days from the date of receipt by the office of this signed request form as well as the accompanying payment to receive my requested data not including time for shipping and/or delivery.

Signature: _____ Date: _____