



2300 Virginia Avenue, Fort Pierce, Florida 34982-5632
772.462.1000 www.paslc.gov

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 Property Appraiser's records for the property listed below (complete a form for each parcel id being requested):

Applicant: _____ Co-Applicant: _____

Property Address: _____ or Parcel Number: _____

Home Address (if different): _____

I am the owner of the property: Yes No If No, owner's name: _____

I qualify for protection as: Individual covered by Section 119.071(2), (4), or (5) Spouse Child

Specify the exemption you qualify for as defined in Section 119.071 (4) (d), Florida Statute:

(Attach driver license and employee ID or other documentation to support the current or former qualifying exemption)

Signature of Applicant: _____ Phone Number: _____ Date: _____

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

STATE OF FLORIDA
COUNTY OF ST LUCIE

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this
____ day of _____, 20____, by _____, who is Personally Known OR
Produced Identification Type of Identification Produced _____.

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public

MAIL TO: SAINT LUCIE COUNTY PROPERTY APPRAISER

ATTN: RECORDS MANAGEMENT
2300 VIRGINIA AVENUE, ROOM 107
FORT PIERCE, FL 34982-5632

OR

FAX TO: 772-462-1058

ATTN: RECORDS MANAGEMENT

UPLOAD USING QR CODE OR LINK BELOW:

<https://www.paslc.gov/ConfReq>



Received: _____ Completed: _____