



# 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 of property owner) am requesting that you suppress any information in the Santa Rosa County Property Appraiser's public records which would reveal my name and home address for property I own in Santa Rosa County, as listed below:

Parcel ID Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

Exemption eligibility: I am (Select the appropriate status)

☐ Currently Employed ☐ Formerly Employed ☐ Spouse or ☐ Child of \_\_\_\_\_  
(Name of protected individual)

Qualifying Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

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

#### **Please check the qualifying category:** (as defined by F.S. 119.071(4)(d))

☐ Victim of a Violent Crime (5 year exemption)

#### Current or Former:

- ☐ Law Enforcement / Correction or Probation Officer
- ☐ Code Enforcement Officer
- ☐ Justice or Judge (US, Supreme, District, Circuit, or County)
- ☐ State or US Attorney / Prosecutor / Public Defender
- ☐ Office of Inspector General or Internal Audit Department Personnel
- ☐ Investigator/Enforcement Officer (DOH, DOR, DCF, DFS, OFR's BFI, DBPR, FDACS)

- ☐ Firefighter, EMT, Paramedic
- ☐ Guardian Ad Litem
- ☐ Officers, Management, or Clinical Personnel of the Dept of Juvenile Justice
- ☐ Addiction Treatment Facility / Child Advocacy / Domestic Violence Center Mgmt or Clinical Employee
- ☐ Government Management Employee
- ☐ Impaired Practitioner Consultants

☐ Servicemember of a Special Operations Force as defined by F.S. 943.10(22)

☐ US Dept of Defense employee authorized to access "secret" or "top secret" information. **(By signing below, I verify that I do, in fact, meet the Florida statutory requirement of having authorization to access information deemed "secret" or "top secret" by the Federal Government.)**

#### Current Only:

- ☐ General / Special Magistrate
- ☐ Child Support Enforcement Hearing Officer
- ☐ County Tax Collector
- ☐ Public Officer (Federal, State, County, or City Elected Official)

- ☐ County / City Attorney (or Assistant / Deputy)
- ☐ Clerk of the Circuit Court or Personnel
- ☐ Judicial Assistants
- ☐ Administrative Law Judge (DOAH)

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.

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