



DOROTHY JACKS

CFA, AAS
Palm Beach County Property Appraiser

Exemption Services Center
Governmental Center – First Floor
301 North Olive Avenue
West Palm Beach FL 33401
tel. 561.355.2866
fax. 561.355.4416
pbcgov.org/PAPA

PALM BEACH COUNTY PROPERTY APPRAISER'S OFFICE
CONFIDENTIAL RECORD REQUEST AFFIDAVIT

BEFORE ME, the undersigned authority, personally appeared _____ who in my presence, upon being duly sworn and deposed, states the following:

- I am over the age of eighteen (18) and have personal knowledge of the matters contained herein.
- I own / have homestead beneficial interest in the real property (properties) identified by the following *Property Control Number(s):

_____-_____-_____-_____-_____-_____-_____-_____-
_____-_____-_____-_____-_____-_____-_____-_____-

I own the *tangible personal account (accounts) identified by the following account number(s):

- My home address is as follows:

Street Address _____ Apt/Unit No. _____ Phone Number: _____
City _____ State _____ Zip Code _____ E-Mail: _____

- I request that my property identification and location information appearing in the records of the Property Appraiser's Office be held in confidence pursuant to F.S. 119.071 and F.S. 493.6122.

I am a: (please choose only one of the following six options):		
<input type="checkbox"/> Current	<input type="checkbox"/> Former	<input type="checkbox"/> Spouse of a current
<input type="checkbox"/> Spouse of a former	<input type="checkbox"/> Child of current	<input type="checkbox"/> Child of former
<u>See Reason Codes on second page, place the number that best fits your situation in the Reason Code field below</u>		
Reason Code	Badge/Certification/License Number (if applicable)	Jurisdiction (if applicable)
_____	_____	_____
If you are the child: Name of Parent: _____		

- I submit this affidavit to the Property Appraiser's Office to remove my home address from the property tax rolls.
- In accordance with Florida law, if your spouse or child is an owner their name may be redacted from the Property Appraiser's website. If this be the case, please complete the information below. If this is not applicable but the ownership changes in the future to include your spouse or child, please contact our office.

_____ Spouse Child
(Name of Spouse or Child who is an Owner)

_____ (Signature) _____ (Date)

- I certify that 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.

Owner's signature

STATE OF FLORIDA, COUNTY OF _____ physical presence online notarization

Sworn to (or affirmed) and subscribed before me this ___ day of _____, 20___, by _____

(Notary Seal)

Signature of Notary

Personally known _____ OR Produced Identification _____ Type of Identification Produced _____

Please return this affidavit to the Palm Beach County Property Appraiser's Office, Attn: Confidential Records, 301 N. Olive Ave., Governmental Center – First Floor, West Palm Beach FL 33401. If you have questions, please call (561) 355-2866. **NOTE:** If you relocate you must submit another Confidential Record Request Affidavit.

Occupation/Circumstance (Below are the Occupations/Circumstance currently available for Confidential Status)

Reason Code

1. ***^ Sworn or Civilian Law Enforcement Personnel**
 - **Requires Badge Number**
 - **Requires Jurisdiction**
2. ***^ Correctional Officers**
 - **Requires Badge Number**
3. ***^ Department of Children & Family Services whose duties include the investigation of:**
 - Abuse; Neglect; Exploitation; Fraud; Theft; or other Criminal Activity
4. ***^ Department of Revenue & Local Government Personnel whose duties include Revenue Collection & Enforcement**
5. ***^ Firefighters** (Pursuant to Florida Statute 633.408)
 - **Requires Certification Number**
6. ***^ Justices or Judges as follows:**
 - Judges of the U.S. Courts of Appeal or District Courts
 - United States Magistrate
 - Supreme Court Justices
 - District Court of Appeals/Circuit/County Court Judges
7. ***^ Water Management District or Local Government Personnel as follows:**
 - Director/Assistant Director/Manager/Assistant Manager
And employed in one of the following departments:
 - Human Resources/Labor Relations/Employee Relations
And whose duties include:
Hiring/Firing/Labor Contract Negotiation/Administration/Other Personnel Duties
8. ***^ Department of Health Personnel whose duties include:**
 - Eligibility or adjudication for Social Security Disability benefits
 - Inspection of health care practitioners or health care facilities
 - Support & investigation of child abuse or neglect
9. ***^ State Attorneys/Assistant State Attorneys:**
 - State Attorney/Assistant State Attorney
 - Statewide Prosecutors/Assistant Statewide Prosecutors
10. ***^ U.S. Attorney/Assistant U.S. Attorney/Judge of U.S. Courts of appeal/U.S. District Judge/U.S. Magistrate**
11. ***^ Federal Judges and Magistrates:**
 - General Magistrate
 - Special Magistrate
 - Judges of Compensation claim
 - Administrative Law Judges of the Division of Administrative Hearings
 - Child Support Enforcement Hearing Officers
12. ***^ Code Enforcement Officers**
13. ***^ Investigative personnel of the Department of Financial Services**
14. **Private Investigative, Private Security Repossession Services:**
 - **Class C, CC, E, or EE Licensees (Must provide copy of License)**
15. **Victim of Sexual Battery, Lewd or Lascivious Offense**
 - Committed upon or in the presence of a person less than 16 years of age, Child Abuse, Victim of any sexual offense.
 - **Must include official verification that an applicable crime has occurred.**

Reason Code

16. **Victim of Domestic Violence, Aggravated Stalking, Harassment or Aggravated Battery**
 - **Must include official verification that an applicable crime has occurred.**
 - Information shall cease to be exempt 5 years after the receipt of the written request.
17. ***^Guardian Ad Litem:**
18. ***^ Public Defender/Assistant Public Defender**
 - Criminal Conflict & Civil Regional Counsel
 - Assistant Criminal Conflict & Civil Regional Counsel
19. ***^ Military Service member who served after September 11, 2001**
 - **Must supply Official Verification of entry**
 - **Must supply written statement that reasonable efforts have been made to protect such information from being accessible through other means available to public.**
20. ***^ Impaired Practitioner Consultants who are:**
 - Retained by an agency
 - Duties result in a determination of the a person's skill and safety to practice a licensed profession
21. ***^ Department of Juvenile Justice Personal as follows:**
 - Juvenile Probation Officers/Supervisors
 - Detention or Assistant Detention Superintendent
 - Human Services Counselor or Senior Administrators
 - Juvenile Justice Detention Officers I/II or Supervisor
 - Juvenile Justice Residential Officer or Supervisor I & II
 - Juvenile Justice Counselor or Supervisor
 - Rehabilitation Therapists/Social Services Counselors
22. ***^ Office of Inspector General/Internal Audit Department Personnel**
 - Whose duties include auditing or investigating waste, fraud, abuse, theft, exploitation, or other activities that could lead to criminal prosecution or administrative discipline.
23. ***^ Certified Emergency Medical Technicians/ Certified Paramedics under Ch. 401**
24. ***^ Department of Business & Professional Regulations**
 - Investigators/Inspectors
25. **Public Guardian**
 - Appointed by a Court and deemed to be an officer of the Court for an incompetent or incapacitated person.
26. **Child Advocacy Personnel/Child Protection Team**
 - Directors, Managers, Supervisors, and Clinical Employees
27. **Addiction Treatment Facility Personnel**
 - Directors, Managers, Supervisors, Nurses, and Clinical Employees
28. **Victim of an Incident of Mass Violence**
29. **Current County Tax Collector**
30. ***^Office of Financial Regulation's Bureau of Financial Investigations**

* Current or Former Employee

^ Spouse or Child may apply for confidential status