



**MARSHA M. FAUX, CFA, ASA**  
**POLK COUNTY PROPERTY APPRAISER**  
**Request to Block Information from Public Records**  
**Pursuant to Florida Statute 119.0714**

Revised  
11-13-2015

**PART I – TO BE COMPLETED BY EMPLOYEE, RETIREE, OR SERVICEMEMBER**

**YES**  **NO** I have reviewed the Florida Statute 119.0714 and to the best of my knowledge, I meet the requirements to have qualifying information blocked from public records. **I understand that I or any co-owner, upon providing proper identification, will still have access to the property information and that the Polk County Property Appraiser’s office may share information regarding my property with other official government agencies.**

Date: \_\_\_\_\_ Parcel/Account Number \_\_\_\_\_  
Please use a separate form for each parcel/account number (Real Property or Tangible Personal Property).  
The Polk County Property Appraiser’s office is not responsible for blocking information for properties not listed on a form.

Physical Address of Applicant’s Property \_\_\_\_\_ Mailing Address of Applicant \_\_\_\_\_

Applicant’s Employer \_\_\_\_\_ Applicant’s Job Title \_\_\_\_\_

To the best of my knowledge and belief, I certify that the above statements are true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**PART II – TO BE COMPLETED BY THE EMPLOYING AGENCY**

To the best of my knowledge and belief, I certify that the employee/retiree listed above meets the requirements set forth in FLORIDA STATUTE 119.0714 and is entitled to have qualifying information blocked from public records.

Authorized Signature / Job Title: \_\_\_\_\_

Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

**PART III – UNITED STATES ARMED FORCES SERVICEMEMBER:**

**YES**  **NO** I am a current or former member of the Armed Forces of the United States, a reserve component of the Armed Forces of the United States, or the National Guard, who served after September 11, 2001. I have made reasonable efforts to protect my identification and location information from being accessible through other means available to the public.

**PART IV – REQUIRED DOCUMENTATION:**

Agency identification will be considered as documentation supporting the claim that the applicant meets the requirements to have qualifying information blocked from public records according to FS119.0714.

**ATTACH PROOF OF IDENTIFICATION**