

MARSHA M. FAUX, CFA, ASA POLK COUNTY PROPERTY APPRAISER Request to Block Information from Public Records Pursuant to Florida Statute 119.071



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

□ YES □ NO I have reviewed the Florida Statute 119.071 and to the best of my knowledge, I meet the requirements to have qualifying information blocked from public records. I understand that upon providing proper identification (in-person), I 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/Acco Please use a separate form for each parce The Polk County Property Appraiser's office is no	ount Number:
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 t	he above statements are true and correct.
Signature:	Date:
Print Name:	Daytime Phone:
Email:	
	IPLETED BY THE EMPLOYING AGENCY
To the best of my knowledge and belief, I certify that the floor of the provided to have quartered by the provided to have quartered by the provided to have quartered by the provided by the	he employee/retiree listed above meets the requirements set forth in alifying information blocked from public records.
Authorized Signature / Job Title:	
Date:	Daytime Phone:
PART III – UNITED STA	TES ARMED FORCES SERVICEMEMBER:
Armed Forces of the United States, or the National Gu	er of the Armed Forces of the United States, a reserve component of the lard, who served after September 11, 2001. I have made reasonable

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 FS119.071.

ATTACH PROOF OF IDENTIFICATION