

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

Revised 7-10-2017

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

Date:Parcel/Acco	unt Number
Please use a separate form for each parce The Polk County Property Appraiser's office is no	el/account number (Real Property or Tangible Personal Property). It 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 t	he above statements are true and correct.
Signature:	Date:
Print Name:	Daytime Phone:
Email:	
PART II – TO BE COM	IPLETED BY THE EMPLOYING AGENCY
To the best of my knowledge and belief, I certify that the FLORIDA STATUTE 119.071 and is entitled to have qu	he employee/retiree listed above meets the requirements set forth in alifying information blocked from public records.
Authorized Signature / Job Title:	
	Doubing Dhana.
Date:	Daytime Phone:

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