

NEIL COMBEE
POLK COUNTY PROPERTY APPRAISER
Request for Removal of Public Disclosure Exemption
Florida Statute 119.071

IMPORTANT NOTICE: THIS REQUEST MUST BE NOTARIZED AND MUST SPECIFY THE INFORMATION TO BE RELEASED AND THE PARTY THAT IS AUTHORIZED TO RECEIVE THE INFORMATION.

Upon receipt of this written notarized request, the Polk County Property Appraiser will release the specified information to the party authorized to receive such information. [FS119.071](#)

I, _____ have previously requested the Polk County Property Appraiser (PCPA) to suppress / block qualifying information regarding my property from public records according to [Section 119.01, Florida Statutes \(F.S.\)](#).

DESCRIPTON OF QUALIFYING PROPERTY

Parcel / Account Number

Please use a separate form for each parcel / account number (Real Property or Tangible Personal Property).

Note: The PCPA's office is not responsible for unblocking information for property not listed.

Property (Site) Address

Mailing Address of Owner / Applicant

CHANGES REQUESTED TO QUALIFYING PROPERTY

I am requesting the Polk County Property Appraiser apply the following change(s) to my property record.
(Check all that apply)

- I authorize the Polk County Property Appraiser to maintain the exemption from public disclosure BUT release specific information listed below to:

Name: _____

Mailing Address: _____

Specific Information to be released: _____

- I authorize the Polk County Property Appraiser to temporarily remove the exemption from public disclosure and publish / release information for the following dates:

From: _____ (Date) To: _____ (Date)

— **Please initial that you acknowledge the information will be viewable on the PCPA website.**

- I authorize the Polk County Property Appraiser to **permanently** remove the exemption from public records on the above described property.

REQUIRED DOCUMENTATION AND SIGNATURE

Phone Number of Applicant – Required: _____

Email of Applicant – Required: _____

I certify that the above statements are true and correct.

Signature: _____

Date: _____

State of Florida
County of _____

This instrument was sworn to and subscribed before me on _____ by _____,
personally known to me or who produced _____ as identification.

Signature and seal, notary public

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Submit **original** application to: *(Scanned or fax copies not accepted)*

Polk County Property Appraiser's Office

ONLY accepted in our Bartow Office

Location: 255 N. Wilson Ave

Bartow, FL 33830

Phone: (863) 534-4777

Hours: 8am to 4:30pm