



\*\*\*\*\*"Qhleg'qh'vj g'Rt qr gt v' 'Cr r t clugt "\*\*\*\*\*

**REQUEST FOR PERSONAL INFORMATION EXEMPTION  
Pursuant to Florida Statutes 119.071(4)(d)**

I hereby request that you maintain the exempt status of certain personal information contained in my property records pursuant to section 119.071(4) (d), Florida Statutes, and certify that I am entitled to such exempt status, as indicated below.

**Check the appropriate box/boxes that apply:**

- Law Enforcement Officer including correctional or correctional probation officer
- Justice or Judge: United States Court of Appeal, United States District Court, Federal Magistrate, Florida Supreme Court, Florida District Court of Appeal, Circuit Court, County Court
- County and Municipal Code Inspector or Code Enforcement Officer
- Attorney: State Attorney, Assistant State Attorney, Statewide Prosecutor, Assistant Statewide Prosecutor, United States Attorney (Federal), Assistant United States Attorney (Federal)
- Firefighter certified in compliance with FS 633.35
- Department of Children & Family Services, or Department of Health, personnel whose duties include investigating abuse, neglect, exploitation, fraud, theft
- Other, Specify: \_\_\_\_\_
- Department of Revenue or local government personnel whose responsibilities include revenue collection and enforcement or child support enforcement
- Spouse/child (circle one) of a public employee/official listed above (must also check the applicable employee/official)

Name of Requester: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Daytime Telephone No.: \_\_\_\_\_

Name of Qualifying Public employee/official (if different than requester): \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Daytime Telephone No.: \_\_\_\_\_

I certify that the information and documentation I have furnished to support my entitlement is true and correct and that I will notify the Duval County Property Appraiser's Office in writing of any change that would affect this exempt status. I further acknowledge that this request to maintain the exempt status of certain personal information under the Public Records law will not exempt the personal information from disclosure in all circumstances, such as required disclosure in compliance with a court order.

\_\_\_\_\_  
 Signature of Requester  
 Print Name \_\_\_\_\_

State of Florida  
County of Duval

The foregoing instrument was sworn or affirmed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who ( ) is personally known to me or ( ) produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
 Notary Signature  
 \_\_\_\_\_  
 (Print, Type or Stamp Name of Notary Public)

PLEASE NOTE: This request only pertains to information maintained by the Duval County Property Appraiser's Office, not other public entities that may also have records subject to disclosure under Florida Public Records Laws. To ensure that personal information maintained by another agency is not publicly disclosed, a request must be made directly to that agency.