



# KATRINA SCARBOROUGH, CFA, CCF, MCF OSCEOLA COUNTY PROPERTY APPRAISER

## PERMANENT NAME AND ADDRESS BLOCKING FOR PROPERTY IN OSCEOLA COUNTY

Pursuant to Florida Statute, Section 119.071, I \_\_\_\_\_ (Print Name) am requesting you suppress any information in your public records which would reveal my home address, including: PROPERTY I OWN IN OSCEOLA COUNTY FOR WHICH I HAVE BEEN GRANTED HOMESTEAD EXEMPTION, OR PROPERTY I OWN IN OSCEOLA COUNTY EITHER INDIVIDUALLY OR JOINTLY WITH ANOTHER PARTY, WHICH HAS NOT BEEN GRANTED HOMESTEAD, BUT FOR WHICH THE TAX BILL IS MAILED TO MY ATTENTION AT MY HOME ADDRESS, AS LISTED BELOW:

**(If request is for multiple properties, a separate form must be submitted for each parcel or account)**

PARCEL IDENTIFICATION NUMBER: \_\_\_\_\_

TANGIBLE PERSONAL PROPERTY ACCOUNT NUMBER (if applicable): \_\_\_\_\_

Title to the property is held in the following name(s): \_\_\_\_\_

Street Address of Property: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

OFFICE OF EMPLOYMENT: \_\_\_\_\_

EMPLOYEE IDENTIFICATION NUMBER: \_\_\_\_\_ (Please attach copy of Employee ID/Badge)

PHONE NUMBER: Home: \_\_\_\_\_ Work: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

I hereby verify the above information to be true and correct and I qualify as personnel as defined in Chapter 119.07 (4) (d) 1-8 Florida Statute. I understand, by suppressing information, my name and mailing address will no longer appear on the Property Appraiser's Website. IF NOT PERSONNEL AS DEFINED IN CHAPTER 119.071, Florida Statute, STATE REASON FOR CONFIDENTIAL REQUEST: \_\_\_\_\_ (Attach supporting documentation)

Notary Section:

Signature of confidential applicant (in presence of notary): \_\_\_\_\_

Print Name: \_\_\_\_\_

State of Florida, County of \_\_\_\_\_ Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

By \_\_\_\_\_ Signature of Notary \_\_\_\_\_

Notary Seal

\_\_\_\_\_  
Name of Notary (Typed, Printed, or Stamped)

Personally known \_\_\_\_\_ or, Produced Identification \_\_\_\_\_ Type of Identification Produced \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Entered by: \_\_\_\_\_ Date: \_\_\_\_\_