ST. JOHNS COUNTY
PROPERTY APPRAISER
Eddie Creamer

Tax Year:
10/01/2021 v2

Request for Confidentiality of Personal Information

Owner:	
Address or Parcel Number:	

Exempt information held under F.S. 119.071 or F.S. 493.6122 or F.S. 741.465 as (select all that apply):

☐ Current/former government agency employee in the category checked below
☐ Spouse of a current/former government agency employee in the category checked below
☐ Child of a current/former government agency employee in the category checked below

Check the appropriate item:

☐ Victim of violent crime [FS 119.071(2)(j)1]	☐ Guardian Ad Litem [FS 119.071(4)(d)2.j.]
☐ Sworn law enforcement personnel or of active or former civilian personnel employed by a law enforcement agency, including correctional and correctional probation officers [FS 119.071(4)(d)2.a.]	☐ Juvenile probation/detention officer, house parent, therapy provider, counselor and their supervisors [FS 119.071(4)(d)2.k.]
☐ Department of Children and Family investigator [FS 119.071(4)(d)2.a.]	☐ Public Defender and APDs [FS 119.071(4)(d)2.l.]
☐ Department of Health investigator of child abuse or neglect [FS 119.071(4)(d)2.a.]	☐ Criminal conflict counsel and civil regional counsel [FS 119.071(4)(d)2.l.]
☐ Department of Revenue or local government child support collection/enforcement personnel [FS 119.071(4)(d)2.a.]	☐ Department of Business and Professional Regulation investigators or inspectors [FS 119.071(4)(d)2.m.]
☐ Non-sworn investigative personnel of the Florida Department of Financial Services [FS 119.071(4)(d)2.b.]	☐ Tax Collectors [FS 119.071(4)(d)2.n.] (current only)
☐ Non-sworn investigative personnel of the Office of Financial Regulation's Bureau of Financial Investigations [F.S. 119.071(4)(d)2.c.]	☐ Department of Health personnel involved in eligibility, investigation, prosecution, and inspection [FS 119.071(4)(d)2.o.]
☐ Firefighter [FS 119.071(4)(d)2.d.]	☐ Impaired practitioner consultants retained by an agency [F.S. 119.071(4)(d)2.p.]
☐ Justice or judge [FS 119.071(4)(d)2.e.]	☐ Emergency medical technician or paramedic certified under chapter 401 [FS 119.071(4)(d)2.q.]
☐ State attorney and ASAs [FS 119.071(4)(d)2.f.]	☐ Employees in an agency's office of inspector general or internal audit department whose duties include auditing or investigating potential criminal or disciplinary activities [FS 119.071(4)(d)2.r.]

☐ Statewide prosecutor and assistant statewide prosecutors [FS 119.071(4)(d)2.f.]	☐ Directors, managers, supervisors, nurses, and clinical employees of a county government, or agency therein, addiction treatment facility [FS 119.071(4)(d)2.s.]
☐ General or Special Magistrate [FS 119.071(4)(d)2.g.]	☐ Directors, managers, supervisors, and clinical employees of a child advocacy center facility [FS 119.071(4)(d)2.t.]
☐ Judge of Compensation Claims, Administrative Law Judge [FS 119.071(4)(d)2.g]	☐ U.S. Attorney and AUSAs [FS 119.071(5)(i)1.]
☐ Child support enforcement hearing officers [FS 119.071(4)(d)2.g]	☐ U.S. Judge or U.S. Magistrate [FS 119.071(5)(i)1.]
☐ Human resource director, assistance director or manager, assistant manager of any local government agency or water management district [FS 119.071(4)(d)2.h.]	☐ Current or former staff and domestic violence advocates of domestic violence centers certified by the Dept. of Children and Families [119.071(4)(d)2.u]
☐ Labor contract negotiator, administrator, or other personnel-related duties [FS 119.071(4)(d)2.h.]	☐ Private Investigative, Private Security, and Repossession Services- Class (“C"), (“CC"), (“E"), (“EE") Security Licensee [FS 493.6122]
☐ Code enforcement officer [FS 119.071(4)(d)2.i.]	☐ Victim of domestic violence participating in the Address Confidentiality Program [FS 741.465]

Requestor Contact Information

By signing below, I certify under oath that the information I have provided is true and accurate and that I will notify the St. Johns County Property Appraiser’s Office of any change that would affect this exempt status. I further acknowledge that this request for exempt status under the Public Records Law will not exempt the personal information from disclosure in all circumstances. I agree to indemnify and hold harmless the St. Johns County Property Appraiser's Office and its staff for any direct or indirect claims or damages that may arise in connection with this request for confidentiality.

This request must be verified by Driver’s License or Florida ID and must be completed in office.

Signature: _____ Date: _____

Print Name: _____ Phone: _____

Email: _____

Notary

State of Florida
County of St. Johns
The foregoing instrument was sworn or affirmed before me this _____ day of _____, 20_____, by _____ who (☐) is personally known to me or (☐) produced _____ as identification.

_____ _____

Signature of Notary Public Print, Type or Stamp Commissioned Name of Notary Public