



ST. JOHNS COUNTY
PROPERTY APPRAISER
Eddie Creamer, CFA

PR-CONFREM
STRAP:
Tax Year:
07/16/2019 v2

REQUEST FOR REMOVAL OF CONFIDENTIAL STATUS

Strap: _____

Date: _____

In compliance with the provisions of F.S. 119 or other applicable statute, confidentiality has previously been requested for certain information relating to the following property:

Street: _____

City: _____ State: _____ Zip: _____ County: _____

Please accept this document as a formal request to release the above-referenced parcel from confidential status beginning this date. I acknowledge that all applicable information regarding the parcel will be accessible from this date forward and the Property Appraiser's Office is released from the prior request for confidentiality.

Owner's Name: _____

Date: _____

Owner's Signature: _____

Date: _____

By signing, I hereby acknowledge that my driver's license or Florida identification card has been displayed & verified by an employee of the St. Johns County Property Appraiser's Office.

Signature: _____

Date: _____

Deputy's Signature: _____

Date: _____

This request must be verified by driver's license or ID & must be completed in office.