

APPLICATION FOR CONFIDENTIAL LISTING

Real Estate# _____
(Office Use Only)

Name (as shown on tax rolls) _____

Address _____

City _____ State _____ Zip _____

Phone _____

I request that my home address appearing in the records of the Property Appraiser's Office held in confidence, by the use of a fictitious name, pursuant to Sections 119.071(2)(h)1, 119.071(2)(j)1, 119.07(4)(d)1-6, 493.6122 and 633.35, Florida Statutes, because I am an: (check applicable box below)

- Active or former law enforcement personnel, and/or their spouse or child.
- Active or former Correctional Officer or Probation Officer, and/or their spouse or child.
- Active or former investigative personnel of the Department of Children and Family Services.
- Active or former revenue and support enforcement personnel of the Department of Revenue, and/or their spouse or child
- Firefighter certified pursuant to FL Stat. 633.35, and/or their spouse or child.
- State or County Court Judge, and/or their spouse or child.
- Active or former State Attorneys, Assistant State Attorneys, Statewide Prosecutors or Assistant Statewide Prosecutors, and/or their spouse or child.
- Active or former United States Attorneys and Assistant United States Attorneys, and/or their spouse of child.
- Active or former Federal Judges or Magistrates, and/or their spouse or child.
- Active or former code enforcement officers, and/or their spouse or child.
- Active or former human resource, public relations, or employee relations directors, assistant directors, or assistant managers of any local government agency or water management district whose duties include hiring and firing employees, labor contract negotiation, administration, or other personnel-related duties, and/or their spouse or child.
- Private Investigator/Recovery Agent holding a current Class C, CC, E, EE license in accordance with Sec. 493.6122. F.S. (A copy of this license must accompany this request)

- () Victim of sexual battery, lewd lascivious offense committed upon or in the presence of person less than 16 years of age, child abuse or victim of any sexual offense. (Must include official verification that an applicable crime has occurred)
- () Victim of domestic violence, aggravated stalking, harassment, or aggravated battery. (Must include official verification that an applicable crime has occurred)

*(This shaded section does not apply to victims of sexual battery and/or domestic violence)

I HEREBY CERTIFY that I am the supervisor of the above named person and that he or she qualifies for the exemption from public record laws under Sections 119.071(2)(h)1, 119.071(2)(j)1, 119.07(4)(d)1-6, 493.6122 and 633.35 of the Florida Statutes.

Supervisor's Signature

Supervisor's Printed Name

I understand that all tax related mail, including tax bills and notices, should be mailed to the following fictitious

name: _____ and at the following

address: _____

This name and address will appear on the Property Appraiser's records, including the Internet. I assume the full risk for non delivery of any mail and understand that if I do not receive any tax bills, it is my responsibility under Section 197.22, Florida Statutes, to contact the Broward County Revenue collector's office before the taxes become delinquent on April 1st of each year, and to pay them. I understand that if this property is mortgaged, and the mortgage company pays the taxes from an escrow account, it is my responsibility to advise the company of the name and address that will be shown on the tax rolls. Also, when the parcel is sold and/or a new property purchased, the Property Appraiser's office must be notified in writing. If the property is receiving the homestead exemption and the mailing address is different than the property address, I understand that I will receive an eligibility card each year that must be signed and returned to the Property Appraiser's office in order to continue the exemption.

Signature

Date



Broward County Property Appraiser's Office
115 S. Andrews Avenue, Room 111
Fort Lauderdale, Florida 33301
954.357.6850 Fax: 954.357.8474
www.bcpa.net

Thank you for requesting Confidentiality with the Broward County Property Appraiser's Office.

After much thought and consultation with the Department of Revenue in Tallahassee, it has been determined that the most efficient method of meeting the goals of Section 119.07(3), Florida Statutes is for each qualified applicant to furnish the following:

1. A fictitious name: This name can be a spouse's maiden name or any other name that the post office will recognize to deliver important documents.
2. A separate mailing address. This may be any address you desire; however, it may not be the address of your law enforcement agency.
3. Please provide a copy of your law enforcement credentials along with your Supervisor's signature. Your supervisor must sign in the shaded area.

The Broward County Recording Office also offers confidentiality services. Please contact Jeannie Terwilliger at (954) 357-8240 or jterwilliger@broward.org for additional information. A separate application will be required.

We respect and understand your need for confidentiality and will assist you in any way possible. Please contact Natalie Smith at (954)357-6950 if you have questions or require additional information.

Regards,

Natalie Smith
Confidentiality Coordinator