



## INFORMATIONAL SUPPLEMENT

### **KNOW THE INFORMATION LIMITATIONS REGARDING EXEMPTION FROM PUBLIC RECORDS**

**If you are considering protecting your name and official book & page number of your deed from being displayed in public records, please read on to ensure you are aware of the impact.**

Florida's open government laws, F.S. 119.071, provides for public access of records unless specifically exempted by the Florida Legislature.

Effective July 21, 2021, the Florida Public Records Exemptions Statute, F.S. 119.071, has been amended as it relates to the information made available to the public by the county property appraiser and tax collector. As a result of this change in statutory law, all of the information on the previously blocked accounts has been added back to our website and CAMA data files, ***with the exception of the owner names and official records books & pages***. The owner's name and official books & pages remain blocked from public access. All other information regarding your property will be available to the public. This includes information such as the property address, assessment value, exemption information, parcel ID numbers, mapping information, etc.

For properties with protected owner names and official books & pages, this means the public will not be able to:

- Access your protected property information online
- Receive protected property information via phone
- Receive un-redacted records through the mail without a notarized release

For our office to release any exempted information related to a protected parcel, F.S. 119.071(4) requires a release be signed in the presence of a notary. The release must specify the information to be released, the method of delivery for the information, as well as the name of party being authorized to receive the information. This requirement applies to, but not limited to, receiving parties such as:

- Mortgage Companies
- Title Insurance Companies
- Realtors
- Attorneys
- Appraisers
- Surveyors
- Contractors

A release form is available by request from our office or via our website ([www.okaloosapa.com](http://www.okaloosapa.com)) under the "Downloadable Forms" link on the left side of our home page. For more information, please call, visit or go online. We will be glad to assist you in making the best decision for protecting your information.



## REQUEST FOR EXEMPTION FROM PUBLIC RECORDS

Pursuant to *Section 119.071 Florida Statutes (amended, effective July 1, 2021) – “General exemptions from inspection or copying of public records”*, I request that my name and Official books & pages be protected/exempt from disclosure in the Property Appraiser’s records for the property listed below:

Applicant: \_\_\_\_\_ Co-applicant/Spouse: \_\_\_\_\_

Property Address: \_\_\_\_\_

Parcel ID Number: \_\_\_\_\_ Phone: \_\_\_\_\_

- I qualify for protection as the:**
- Covered Individual
  - Spouse of covered individual
  - Child of covered individual

Qualifying Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

### PLEASE CHECK THE QUALIFYING CATEGORY BELOW

- I am a victim of violent crime. Attach copy of police report or injunction

**I am a current OR former government agency employee in the category checked below:**

- |  |   |
|--|---|
| <input type="checkbox"/> Law Enforcement   | <input type="checkbox"/> Public Defender  |
| <input type="checkbox"/> Justice or Judge  | <input type="checkbox"/> Guardian Ad Litem  |
| <input type="checkbox"/> State or US Attorney*   | <input type="checkbox"/> Statewide Prosecutor                                     |
| <input type="checkbox"/> Dept. of Children and Family Investigator   | <input type="checkbox"/> Code Enforcement Officer                                 |
| <input type="checkbox"/> Human Resources Manager/Assistant Manager   | <input type="checkbox"/> Certified emergency medical technician/paramedic         |
| <input type="checkbox"/> Dept. of Health, child abuse/neglect investigator   | <input type="checkbox"/> DBPR Investigator or Inspector*                          |
| <input type="checkbox"/> Office of Inspector General or Internal Audit Dept.   | <input type="checkbox"/> Criminal conflict or civil regional counsel or Assistant |
| <input type="checkbox"/> Labor/employee relations manager/Assistant Manager  | <input type="checkbox"/> Impaired Practitioner Consultant                         |
| <input type="checkbox"/> Firefighter certified in compliance with FS 633.408 (360 hours of training)   |   |
| <input type="checkbox"/> Service Member of the US Armed Forces serving after September 11, 2001 (proof of service required)*                                 |   |
| <input type="checkbox"/> Dept. of Health personnel: SS benefits, healthcare provider, facility investigations, complaints, impaired practitioner consultant* |   |
| <input type="checkbox"/> Dept. of Revenue, local government revenue collection & enforcement & child support collection                                      |   |
| <input type="checkbox"/> Employee of child advocacy center, or child protection team that meet the requirements of FS 39.3035                                |   |
| <input type="checkbox"/> Juvenile Probation Officer, detention officer, house parent, therapist, counselor, or supervisor of these employees                 |   |

**I am a CURRENT government agency employee of the office checked below:**

- |   |   |
|---|---|
| <input type="checkbox"/> Judge of Compensation Claims*      | <input type="checkbox"/> General or Special Magistrate* |
| <input type="checkbox"/> Child Enforcement Hearing Officer* | <input type="checkbox"/> County Tax Collector*          |
| <input type="checkbox"/> Administrative Law Judge (DOAH)*   |   |

**If you are in a category marked with an asterisk (\*), you must initial the following:**

\_\_\_\_\_ I hereby affirm that I have made reasonable efforts to protect the information for which I am requesting protection from being accessible through other means available to the public.

***I hereby affirm that the information provided herein is true and correct to the best of my knowledge.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For OCPA Office Use ONLY**

Public Records Block Request is:  APPROVED  DENIED Credentials verified by: \_\_\_\_\_

\_\_\_\_\_  
OCA Deputy Initials

\_\_\_\_\_  
Date