RANDY MAZOUREK

HERNANDO COUNTY PROPERTY APPRAISER PHONE: (352) 754-4190

WEBSITE: www.hernandocounty.us/pa

♦ BROOKSVILLE OFFICE ♦

201 Howell Avenue, Suite 300 Brooksville, FL 34601-2042 Fax Numbers:

Administration (352) 754-4198 Real Property/Tangible (352) 754-4198 Exemptions/Central GIS (352) 754-4194



"To Serve & Assess With Fairness"

♦ WESTSIDE OFFICE **♦**

7525 Forest Oaks Blvd. Spring Hill, FL 34606-2400 Fax Numbers:

Addressing (352) 688-5060 Exemptions (352) 688-5088

PROTECTED ADDRESS REQUEST

Pursuant to Florida Statutes 119. exempt from being revealed to the		ne ownership name(s) and Offi	icial Record Book & Page for their property be	;					
Ι,	request the above be exempt from public inspection.								
I understand that only the Owner	I understand that only the Ownership Name(s), Official Record Book & Page and Mailing Address is protected.								
The Property Appraiser's Office of for a Property Record Card, the r	website blocks exempt or confidentia	al information as per Florida S Page will be blocked out. If th	iser's Office is available for public information Statute 119.071. Upon receiving a public reques iere is a request for other exempt or confidentia al information.	t					
Please Note: This exemption from	n public inspection pertains only to t	he property referenced below.							
Mailing address (if different from propour receive all mailings.	roperty address). If our records do n	ot reflect this mailing address,	our office will update our records to assure tha	t					
Parcel Number(s)/Key Number(s) o	r Property Address(es)								
Job Title	Phone: (Work)	(Home)_							
Proof of current or former	employment must be provide	ed with this request and	copy of Driver's License.						
Your request may not be reflected o	n our website until the Friday followin	ng the date your request has been	received.						
request. The undersigned authorize	es the Property Appraiser's Office to r	release exempt information to ot	overnment agencies nor data published prior to this her agencies in their normal course of business. It is important that your request be made directly	f					
By signing below, you are stating th	nat you comply with Florida Statutes re	equesting this exemption as you	have selected on the next page.						
Signature		Date							
State of	<u> </u>								
County of	_								
Sworn to and subscribed be, 20, by _	efore me by means of	physical presence or	online notarization this day	of					
who is personally known to i	me or who has produced		as identification.						
	, Notary Pul	blic							
Name of Notary Typed, Prin		mission No/Seal :							

Please select the appropriate classification per current F.S. 119.071: ☐ Law Enforcement personnel, active or former, sworn or civilian. Investigators with Department of Children and Families. Investigators with Department of Health. Department of Revenue personnel responsible for revenue collection or child support enforcement. ☐ Department of Financial Services investigation personnel.

Office of Financial Regulation's Bureau of Financial Investigations.
Firefighters, active or former, certified in compliance with s. 633.408.
Supreme Court, District Court, Circuit Court and County Court Judges/Justices, current or former.
State Attorneys, Assistant State Attorneys, Statewide Prosecutors or Assistant Statewide Prosecutors,
current or former.
General Magistrates, Special Magistrates, Judges of Compensation Claims, Administrative Law Judges of the
Division of Administrative Hearings and Child Support Enforcement Hearing Officers.
Human Resource, Labor Relations Directors, Assistant Directors, Managers or Assistant Managers of any
local government agency or water management district, current or former.
Code Enforcement Officers, current or former.
Guardians Ad Litem, current or former.
Juvenile Probation Officers, Supervisors, Detention Superintendents, Detention Officers or Supervisors,
Juvenile Justice Counselors, Supervisors, Rehabilitation Therapists, Social Services Counselors of the
Department of Justice, current or former.
Public Defenders, Assistant Public Defenders, Criminal Conflict and Civil Regional Counsel and assistants,
current or former.
Department of Business and Professional Regulation Investigators or Inspectors, current or former.
Department of Health investigators for Social Security Disability benefits, prosecution of complaints filed
against health care practitioners or inspection of health care practitioners or health care facilities licensed
by DOH, current or former.
Impaired Practitioner Consultants, current or former.
EMS Technicians or paramedics certified under chapter 401, current or former.
Inspector General or Internal Audit Department personnel, current or former.
Addiction Treatment Facility Managers, Supervisors, Nurses and clinical employees, current or former.
Child Advocacy Center Directors, Managers, Supervisors and clinical employees, Child Protection Team
Investigators, current or former.
Domestic Violence Advocates of Domestic Violence Centers certified by Department of Children & Families,
current or former.
Victim as defined in 119.071(2)(j)i. Court documentation declaring you a victim must be submitted. Must
be renewed every 5 years
Private Investigator or other as defined in s.493.6122.
Victim of an Incident of Mass Violence.
Judicial Assistants – Current court employee under class codes 8140,8150,8310 & 8320
Department of Agriculture Inspectors & Investigators – Current or former.
County & City Attorneys – Current
Military Personnel – Current or former
Florida Gaming Control Commission – Current or former
Clerks of the Circuit Court – Current

Please return this completed form to Doreen Moore at the Brooksville Office

Internal Use:		
Received on:	Processed on	By: