

PROPERTY APPRAISER OF MIAMI-DADE COUNTY



PUBLIC RECORDS EXEMPTION REQUEST

Please complete and mail to:
Property Appraiser of Miami-Dade County
111 NW 1st Street, Suite 710 Miami, FL 33128-1984
Or via email to: PAWEBMAIL@MIAMIDADEPA.GOV

I _____ submit this notarized request to the Property Appraiser of Miami-Dade County to redact my name, telephone number, and home address, as defined in section 119.071(4)(d)1.a. of the Florida Statutes, from the Property Appraiser's records pursuant to section 119.071, Florida Statutes.

1. Full Name: _____

Phone Number: _____ E-mail: _____

2. My home address is as follows ("home addresses" means the dwelling location at which an individual resides):

Street Address: _____

Folio Number: _____

3. Based on the qualifying reasons on Page 2 of this request, I hereby attest:

- ☐ I, myself, qualify for an exemption from public record.
- ☐ I am the spouse of an individual who qualifies for an exemption from public record.
Full Name of qualifying spouse: _____
Employment information of qualifying spouse: _____
(Must attach copy of marriage certificate)
- ☐ I am the child of an individual who qualifies for an exemption from public record.
Full name of qualifying parent: _____
Employment information of qualifying parent: _____
(Must attach copy of birth certificate)

I understand this information will not be available as part of the public records of the Property Appraiser's Office, and this may affect the notification process of certain agencies that rely on the property tax roll as their source of information. I further understand it is my responsibility to notify the Property Appraiser if my status changes, and I no longer qualify for the exemption.

Please attach a copy of proof of current or former employment where applicable. This includes, but is not limited to, employee ID, business card, or official verification from the current or former employer's human resources department.

Rev.722025

I hereby request exemption based on the following category for which I qualify (check applicable exemption category):

- | | |
|--|--|
| <input type="checkbox"/> Victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence— Please attach official verification that crime occurred—Exemption for 5 years from date of this request. | <input type="checkbox"/> Emergency medical technicians or paramedics certified under chapter 401, F.S. |
| <input type="checkbox"/> Current or former public guardians and employees with fiduciary responsibility. | <input type="checkbox"/> Firefighter certified in compliance with s. 633.408, F.S. |
| <input type="checkbox"/> Employee of any licensed facility who provide direct patient care or security services. | <input type="checkbox"/> Guardian ad litem as defined in s. 39.820, F.S. |
| | <input type="checkbox"/> Human resource, labor relations, or employee relations director, assistant director, manager, or assistant manager 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. |

Current government agency employee in the category checked below:

- | | |
|--|---|
| <input type="checkbox"/> County Tax Collector. | <input type="checkbox"/> Impaired practitioner consultant, retained by an agency, whose duties result in determination of person's skill and safety to practice licensed profession (includes consultant's employees). |
| <input type="checkbox"/> Judicial or quasi-judicial officer (general/special magistrate, judge of compensation claims, administrative law judge of the Div. of Admin. Hearings, and child support enforcement hearing officer). | <input type="checkbox"/> Justice of Florida Supreme Court; or judge of district court of appeal, circuit court, or county court. |
| <input type="checkbox"/> County attorneys, assistant county attorneys, deputy county attorneys, city attorneys, assistant city attorneys, and deputy city attorneys. | <input type="checkbox"/> Inspector general or internal audit dept. personnel whose duties include auditing/investigating waste, fraud, abuse, theft, exploitation, or activities that could lead to criminal prosecution or admin. discipline. |
| <input type="checkbox"/> Clerk, deputy clerks, and clerks of the circuit court personnel. | <input type="checkbox"/> Juvenile probation officers, juvenile probation supervisors, detention superintendents, assistant detention superintendents, juvenile justice detention officers I/II, juvenile justice detention officer supervisors, juvenile justice residential officers, juvenile justice residential officer supervisors I II, juvenile justice counselors, juvenile justice counselor supervisors, human services counselor administrators, senior human services counselor administrators, rehabilitation therapists, and social services counselors of the Dept. of Juvenile Justice. |
| <input type="checkbox"/> Congressional members and public officers. <i>(For current congressional members or public officers, you must include in your request information regarding: the title of the office and jurisdiction, the date of election or appointment to public office, the date on which the office is next subject to election, and, if applicable, the name(s) of any minor child(ren) and date on which the minor child(ren) reaches the age of majority.)</i> | <input type="checkbox"/> Sworn law enforcement personnel, including civilian personnel employed by a law enforcement agency, correctional officers and correctional probation officers. |

Current or former government agency employee in the category checked below:

- | | |
|---|---|
| <input type="checkbox"/> Code Enforcement Officer. | <input type="checkbox"/> Prosecutor (state attorney, assistant state attorney, statewide prosecutor, assistant statewide prosecutor). |
| <input type="checkbox"/> Dept. of Business and Prof. Reg. investigators and inspectors. | <input type="checkbox"/> Public defenders and criminal conflict and civil regional counsel (includes assistant public defenders, assistant criminal conflict and assistant civil regional counsel). |
| <input type="checkbox"/> Dept. of Children and Family Services personnel whose duties involve investigation of abuse, neglect, exploitation, fraud, theft, or other criminal activities. | <input type="checkbox"/> U.S. Attorney or Assistant U.S. Attorney, U.S. circuit judge, U.S. district judge, or U.S. magistrate judge. |
| <input type="checkbox"/> Dept. of Health personnel whose duties support the investigations of child abuse or neglect. | <input type="checkbox"/> Victim of an incident of mass violence |
| <input type="checkbox"/> Dept. of Health personnel whose duties include, or result in, the determination/adjudication of eligibility for social security disability benefits, investigation/ prosecution of complaints filed against health care practitioners, or inspection of health care practitioners or health care facilities licensed by the Dept. of Health. | <input type="checkbox"/> Directors, managers, supervisors, nurses, and clinical employees of an addiction treatment facility personnel. |
| <input type="checkbox"/> Dept. of Financial Services personnel whose duties include the investigation of fraud, theft, workers' compensation coverage requirements and compliance, other related criminal activities, or state regulatory requirement violations. | <input type="checkbox"/> Staff and domestic violence advocates of domestic violence centers certified by the Department of Children and Families. |
| <input type="checkbox"/> Dept. of Revenue personnel or local government personnel whose duties include revenue collection and enforcement or child support enforcement. | <input type="checkbox"/> Military personnel. |

I hereby swear or affirm, under penalty of perjury, that the information contained in the foregoing request form is true and correct.

SIGNATURE: _____

DATE: _____

REQUIRED NOTARY ACKNOWLEDGMENT

STATE OF FLORIDA,
COUNTY OF _____

☐ physical presence ☐ online notarization

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____,
by _____ who is _____ personally
known to me OR produced the following identification _____.

(Notary Seal)

Signature of Notary