

# REQUEST FOR REMOVAL OF EXEMPTION FROM PUBLIC RECORDS DISCLOSURE

**Return to:** Lake County Property Appraiser  
Attn: Ashlee Stokes, Administrative Assistant  
320 W. Main St. Suite A  
Tavares, FL 32778-3831

Fax to: 352-253-2155

Or, email a scanned copy of the completed form to: [NPR@lcpafl.org](mailto:NPR@lcpafl.org)

**Instructions:** Use this form to request the permanent removal of a previous request to block personal information from the Property Appraiser's Records. If this request is for multiple properties, a separate form must be submitted for each parcel or account. Only the original applicant may submit this form. This form will not be accepted by the spouse or child of the applicant.

I, \_\_\_\_\_ (Print Name) am requesting that the current suppression (confidentiality) of my personal information for the property listed below be removed so that my personal information is made available in the public domain (the Property Appraiser's records and on the Property Appraiser's website).

**PRINT THE FOLLOWING:**

ALT KEY NUMBER OR PARCEL IDENTIFICATION NUMBER: \_\_\_\_\_

Title to the property is held in the following name(s):  
\_\_\_\_\_  
\_\_\_\_\_

Street Address of Property: \_\_\_\_\_

PHONE NUMBER: Home \_\_\_\_\_ Work \_\_\_\_\_ Cellular \_\_\_\_\_

(A minimum of one phone number must be supplied in order for us to verify the request)

Email: \_\_\_\_\_

I hereby request the Property Appraiser to permanently remove the confidential block from my parcel. I understand the Property Appraiser's website is updated only once weekly and during tax roll production periods that timeframe may be extended to four weeks more or less. I understand my information does not become viewable on the site immediately upon submission of this request.

**Notary Section:** Pursuant to F.S. 119.071(4)(d) this request **must** be notarized.

State of Florida

County of \_\_\_\_\_

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

The foregoing instrument was sworn to and subscribed before me by means of [ ] physical appearance or [ ] online notarization this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by, \_\_\_\_\_, who [ ] is personally known to me or [ ] who has produced \_\_\_\_\_, as identification.

[Notary Stamp]

\_\_\_\_\_  
Notary Public, State of Florida

Printed Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**Copy of State of Florida Driver's License MUST be attached.**