



BREVARD COUNTY

Office of the Tax Collector

400 South Street, 6th Floor

Post Office Box 2500, Titusville, FL 32781-2500

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Fax (321) 264-5149 TDD# (321) 690-6888

CERTIFIED FLORIDA COLLECTOR

CONFIDENTIALITY REQUEST FORM

I _____ hereby certify that I am a current or former employee of the
(Print Name)

_____. Per Florida Statutes
(Print name and location of agency)

§ 119.071(4) (d), I request that the Brevard County Tax Collector's Office maintain as confidential all information in your public records that would reveal my home address, telephone numbers, social security number, photographs, and place of employment. I also request the same information be maintained as confidential for my spouse,

(Print name of spouse if applicable)

ALL REAL ESTATE OR TANGIBLE PERSONAL PROPERTY THAT I, OR MY SPOUSE, HAVE OWNERSHIP INTEREST IN OR RESIDE IN IS LISTED BELOW BY TAX ACCOUNT NUMBER (ATTACH ADDITIONAL SHEET(S) IF NECESSARY):

_____ OWN RESIDE _____ OWN RESIDE
_____ OWN RESIDE _____ OWN RESIDE

TO INSURE MY CONFIDENTIAL STATUS, CHANGE MY MAILING ADDRESS ON THE ABOVE PROPERTIES TO:

I understand that a copy of this form may be provided to other governmental agencies to insure my request for confidentiality; such other agencies may include, but are not limited to, the Brevard County Property Appraiser's Office. I also understand that it is my responsibility to contact other governmental agencies to request that they treat my information as confidential (such as the Clerk of Court, Supervisor of Elections, Brevard County Address Assignment, etc.). In addition, to request confidential status with the Department of Motor Vehicles and/or Driver's Licenses, I will need to contact the Bureau of Records at (850) 617-2574.

I certify that the information provided is true and correct and that I am qualified under Florida Statutes §119.071(4) (d), to make this request. I agree to provide any additional documentation to the Brevard County Tax Collector's Office that may be requested to support my qualification.

Signature of Applicant

Daytime Telephone Number

Date

Tax Collector Office Use Only:

Request form received on: _____ Type of document submitted for verification of employment: _____

Initials: _____ Branch: _____ Forwarded form and verification document to Titusville on: _____

Titusville Office: Status changed to confidential in MVP on: _____ Confirmation letter sent to Applicant on: _____

Initials: _____ Forwarding info (if applicable): To: _____ on _____ To: _____

on _____ To: _____ on _____ To: _____ on _____