

CITY OF PALM BEACH GARDENS
CONFIDENTIAL RECORD REQUEST AFFIDAVIT

1. I own / have homestead beneficial interest in the real property (properties) identified by the following Property Control Numbers:

_____ - _____ - _____ - _____ - _____ - _____ - _____
_____ - _____ - _____ - _____ - _____ - _____ - _____

3. My home address is as follows:

Street Address _____ Apt/Unit No. _____

City _____ State _____ Zip Code _____

4. I request that my home address be held in confidence pursuant to Sections 119.071(2)(h)l, 119.071(2)(j)1, 119.071(4)(d)I-6 and 493.6122, Florida Statutes, because I am a (check applicable box below):

- a. Current or former (circle one) sworn or civilian law enforcement personnel, or their spouse or child. Badge No. _____ Jurisdiction _____
- b. Current or former (circle one) correctional or probation officer, or their spouse or child. Badge No. _____
- c. Current or former (circle one) investigative personnel of Department of Children and Family Services or Department of Business & Professional Regulation, or their spouse or child.
- d. Current or former (circle one) revenue and support enforcement personnel of the Department of Revenue, or their spouse or child.
- e. Firefighter certified pursuant to Fla. Stat. 633.35, or their spouse or child. Certification No. _____
- f. Current or former (circle one) State or County Court Judge, or their spouse or child.
- g. Current or former (circle one) 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; or their spouse or child.
- h. Current or former (circle one) personnel of the Department of Health whose duties involve(d) the investigation of child abuse or neglect.
- i. Current or former (circle one) State Attorney, Assistant State Attorney, Statewide Prosecutor or Assistant Statewide Prosecutor, or their spouse or child.
- j. Current or former (circle one) public defender, assistant public defender, criminal conflict and civil, regional counsel, and assistant criminal conflict and civil regional counsel or their spouse or child's places of employment and/or names locations of schools and day care facilities.
- k. Current or former (circle one) United States Attorney and Assistant United States Attorney, or their spouse or child.
- l. Current or former (circle one) Federal Judge or Magistrate, or their spouse or child.

- m. () Current or former (circle one) code enforcement officer, or their spouse or child.
- n. () Local government agency employee whose main responsibilities include revenue collection and enforcement including child support.
- o. () Private Investigators holding a Class: C, CC, E, EE, license maintained by the Department. License No. _____ (A copy of this license must accompany this request.)
- p. () Current or former (circle one) guardian ad litem (submit a written statement that he or she has made reasonable efforts to protect such information from being accessible through other means available to the public).
- q. () Current or former (circle one) general magistrates, special magistrates, judges of compensation claims, administrative law judges of the Division of Administrative Hearings, and child support enforcement hearing officers.
- r. () Current or former (circle one) member of the Armed Forces of the United States, a reserve component of the Armed Forces of the United States, or the National Guard, or their spouse or child, who served after September 11, 2001. (Must submit official documentation of entry and a written statement that he or she has made reasonable efforts to protect such information from being accessible through other means available to the public).

5. I certify that the above information is true and correct. I am familiar with the nature of an oath and with the penalties provided by Florida for falsely swearing to a document.

Owner's signature _____

COUNTY OF _____

STATE OF _____

SWORN TO and subscribed before me this ____ day of _____ 20____, by _____

who (check one) is (___) personally known to me or (___) who produced _____

as identification.

(Notary Seal)

NOTARY PUBLIC'S SIGNATURE