



REQUEST FOR RELEASE OR REMOVAL OF EXEMPT INFORMATION

Pursuant to section §119.07 (4)(d)(4), Florida Statutes, I hereby request the following records to be released:  
(Check all relevant records needed):

Property Record Page

Verification Letter

Tax History

Property Sketch

Property Card

Tax Bill (specify year(s)):

Other (specify):

The above records are to be released to:

(specify entity/person to whom information is to be released)

By mailing/emailing/fax to:

Print Name:

Address:

Telephone Number: \_

Signature:

Property ID #:

**OR**

I no longer choose to have my home information be exempt from public disclosure on the BCPA website.

STATE OF FLORIDA  
COUNTY OF:

The foregoing instrument was acknowledged before me by means of ( ) physical presence or ( ) online notarization, this day

of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

(Name of person acknowledging)

Date:

(Signature of Notary Public)

Personally known ( ) OR Produced Identification ( )  
Type of Identification Produced:

Print, Type or Stamp Commissioned Name of Notary Public

Email to: Tina Reynolds at [treynolds@bcpa.net](mailto:treynolds@bcpa.net)