



CREGG E. DALTON

CITRUS COUNTY PROPERTY APPRAISER

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Commitment ~ Innovation ~ Respect ~ Integrity ~ Service

REQUEST TO RELEASE INFORMATION ON A PROTECTED ADDRESS

A copy of the confidential applicant's Florida Driver License(s) must be attached for identification purposes. Information will not be released without proper identification. This request is good for a one-time release of information only. Future request(s) will require a separate form.

I/We, [print name(s)] _____, request the Property Appraiser's Office release my confidential record information for property I own identified as follows:
Alternate Key # _____ or Property Address _____

I authorize release or delivery via email to me or my spouse:

Phone: _____ Email: _____

Or, I authorize release or delivery via email to the following Non-Owner:

Name: _____ Company Name: _____

Phone: _____ Email: _____

Please check the information you wish to have released:

<input type="checkbox"/> Parcel ID Number	<input type="checkbox"/> Legal Property Description	<input type="checkbox"/> Official Record Book and Page
<input type="checkbox"/> Physical/Street Address	<input type="checkbox"/> Neighborhood Name	<input type="checkbox"/> GPS Coordinates
<input type="checkbox"/> Mailing Address	<input type="checkbox"/> Subdivision	<input type="checkbox"/> Other:

All Property Owners that applied for confidential status must sign this form.

Signature: _____ Date: _____

Signature: _____ Date: _____

STATE OF FLORIDA
COUNTY OF CITRUS

Sworn to and subscribed before me this date _____, by _____

who has produced _____ as identification and who did not take an oath.

Notary Signature and Seal

OFFICE USE: PA Representative initials _____. A copy of this Release has been noted in CAMA for internal tracking.