

**JOHN C. EMERSON, CFA**  
**HERNANDO COUNTY PROPERTY APPRAISER**  
**PHONE: (352) 754-4190**  
**WEBSITE: www.hernandocounty.us/pa**

◆ **BROOKSVILLE OFFICE** ◆

201 Howell Avenue, Suite 300  
Brooksville, FL 34601-2042

Fax Numbers:

Administration (352) 754-4198  
Real Property/Tangible (352) 754-4198  
Exemptions/Central GIS (352) 754-4194



*"To Serve & Assess With Fairness"*

◆ **WESTSIDE OFFICE** ◆

7525 Forest Oaks Blvd.  
Spring Hill, FL 34606-2400

Fax Numbers:

Addressing (352) 688-5060  
Exemptions (352) 688-5088

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**ACCESS TO CONFIDENTIAL INFORMATION**

I hereby certify that I have read and understand the following:

- 1) Florida Statutes Section 193.074; All returns of property submitted by the taxpayer pursuant to law shall be deemed to be confidential in the hands of the Property Appraiser, the Department of Revenue, the Tax Collector, and the Auditor General, except upon court order or order of an administrative body having quasi-judicial powers in ad valorem tax matters.
- 2) Pursuant to Florida Statutes Section 195.084(1); Property Appraisers, Tax Collectors, and their authorized agents are authorized to receive records and returns from the Department of Revenue. Upon receipt of such information, Property Appraisers, Tax Collectors, and their authorized agents are subject to the confidentiality requirements and penalties specified in Florida Statutes Section 213.053. (See also Florida Statutes Sections 775.082, 775.083, and 775.084).
- 3) I am aware of the criminal penalties for violation of the requirements of confidentiality, as provided in Florida Statutes Section 213.053.
- 4) I will use all confidential information for official purposes only.
- 5) I am entitled to receive this information as the person who filed this information; as an authorized agent of the filer of this information; or a representative of an agency permitted in Florida Statutes Section 193.074 to receive this information.

Business Name: \_\_\_\_\_ Key Number: \_\_\_\_\_

Date Requested: \_\_\_\_\_

Signature of Requestor (Business Owner): \_\_\_\_\_

Print Name of Requestor (Business Owner): \_\_\_\_\_

**Releasing Information to:**

Name, Title, & Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Email/Phone: \_\_\_\_\_

**STATE OF FLORIDA**  
**COUNTY OF HERNANDO**

Sworn to and subscribed before me this date \_\_\_\_\_, by \_\_\_\_\_ who has produced \_\_\_\_\_ as identification and who did not take an oath.

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**NOTARY SIGNATURE AND SEAL**