



**LORIE WARD  
PROPERTY APPRAISER  
GLADES COUNTY**



**P.O. Box 1106 • Moore Haven, Florida 33471  
Phone 863-946-6025 • Fax 863-946-3359 • Toll Free 1-877-445-2337**

**AUTHORIZATION FOR RELEASE OF INFORMATION  
CURRENTLY EXEMPT FROM PUBLIC RECORDS**

**INSTRUCTIONS:** Complete all required information and check the action requested of the Property Appraiser's Office to authorize release of the Protected Addressee's unredacted Property Record Card information. Section 119.071(4) Florida Statutes requires this form to be signed in the presence of a notary prior to submittal.

This request is good for a one-time release of your information only. Future requests will require a separate form submission.

Protected Addressee Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Protected Parcel Address: \_\_\_\_\_

Or Parcel ID / Account Number: \_\_\_\_\_

**I Authorize Release and/or Delivery via Email to Myself and/or My Spouse**

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**I Authorize Release and/or Delivery via Email to a Non-Owner/Third Party**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**NOTARY AFFIRMATION**

(affix Notary Seal in space below)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_  
Print Protected Addressee Name

\_\_\_\_\_  
Protected Addressee Signature (in presence of Notary)

\_\_\_\_\_  
Type and Number of Identification Produced

\_\_\_\_\_  
Signature of Notary