

SALLY L. DANIEL, C.F.C.

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### Request to Release Information on a Protected Address

I/We, \_\_\_\_\_, request the Hernando County

Tax Collector provide to: \_\_\_\_\_ the following information  
(Print Name & Agency if applicable)

for Key Number: \_\_\_\_\_ at

Property Address \_\_\_\_\_

**Please specify the information to be released for the property listed. *I understand that if the above individual/entity should request information in the future, a new Release will be required.***

<input type="checkbox"/> Key number	<input type="checkbox"/> Name on property	<input type="checkbox"/> Parcel Number
<input type="checkbox"/> Situs Address	<input type="checkbox"/> Copy of bill	<input type="checkbox"/> Copy of paid receipt
<input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>

**ALL PROPERTY OWNERS MUST SIGN THIS FORM**  
*A copy of my photo identification is attached for verification.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Deputy  
Receipt of this Release has been scanned into records for future reference.

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.

\_\_\_\_\_  
NOTARY SIGNATURE AND SEAL

**RETURN TO OUR OFFICE WITH ORIGINAL SIGNATURES: No photocopy, fax, or email will be accepted.**