

BOARD OF ASSESSORS

4 GOVERNMENT PLAZA, SUITE 203 · ROME, GEORGIA 30161-2803 PHONE: 706.291.5143 · FAX: 706.290.6074 · <u>www.romefloyd.com</u>

APPLICATION FOR REDACTION OF PERSONAL INFORMATION

The undersigned public employee and resident of Floyd County, Georgia, hereby requests that the Floyd County Board of Assessors redact from the otherwise public records, any such records that reveal my home address or home telephone number. Pursuant to O.C.G.A. § 50-18-72(a)(21), I hereby certify under oath and penalty of law that I am a "public employee" as defined in the aforementioned statute, in that I am an officer, employee or former employee of:

- (1) the State of Georgia or its agencies, departments or commissions;
- (2) any county or municipality or its agencies, departments or commissions;
- (3) another political subdivision of the State of Georgia;
- (4) a teacher in a public, charter, or non-public school; or
- (5) an early care and education program administered through the Department of Early Care and Learning.

The following is a list of all of my taxable property accounts in your office from which you are requested to redact any potential personally identifying information:

(For every ad valorem tax bill you receive from Floyd County, please list the parcel ID number, Account Number, or other identifying account number of each item of real or personal property.)

1	6
2	7
3	8
4	9
5	10

I hereby certify under oath and penalty of law that I am qualified as a "public employee" pursuant to O.C.G.A. § 50-18-72, and I am entitled to receive the redaction requested herein. I further agree to immediately notify the Floyd County Board of Assessors of any change in my status which would disqualify me from receiving the redaction set forth herein. I acknowledge and agree that my failure to provide the Floyd County Board of Assessors with all information requested in this application, or to notify the Floyd County Board of Assessors of any change in my qualification status, will be ground for the Floyd County Board of Assessors to remove the redaction otherwise requested or granted herein.

Sworn to and su this da		fore me , 20	Taxpayer Signature	-
NOTARY PUBI My commission				
BOARD OF ASSE	ESSORS			ADMINISTRATION