

Request to Remove Law Enforcement Officer's Personally Identifiable Information from Bleckley County Property Records Pursuant to Official Code of Georgia Section 50-18-78

Name: _____ Telephone number: _____

Job Title: _____

Employer: _____

(Please attach copies of verifiable identification and proof of employment.)

Spouse's Name (if applicable): _____

By signing below and submitting this request I certify that I am currently employed as a Law Enforcement Officer, as defined by O.C.G.A. § 50-18-78, and hereby request that Bleckley County remove my personally identifiable information from all publicly accessible internet property records. In making this request, I understand and hereby acknowledge that:

- I will notify Bleckley County if there is any change in my employment and/or ownership of the properties listed below such that they no longer meet the requirements of O.C.G.A. § 50-18-78.
- This request applies solely to the removal of personally identifiable information from publicly accessible Bleckley County internet property records. ***Said information is maintained on, and public access will be removed from, the Bleckley County Board of Assessors' property information search portal, the Bleckley County Tax Commissioner's public access portal, and the Bleckley County Geographic Information System's data browser and portal.***
- It may take up to 30 days from receipt of a complete request for said publicly accessible personally identifiable information to be removed.
- My personally identifiable information may still be recorded on internal Bleckley County records which are subject to disclosure under Georgia's Open Records Act. Said information may also be available on internet websites that are not affiliated with Bleckley County.

Please list any addresses or Parcel ID numbers from which you are requesting to have your information removed:

Please return this completed form, along with all attachments, by hand delivery or certified mail to:

Bleckley County Tax Assessor's Office
112 N Second Street
Cochran, Georgia 3104

For questions regarding this form, please call the Tax Assessor's Office at 478-934-3202.

Sworn to and subscribed before me this _____ day of _____, 20____.

Requestor Signature/Date: _____

Notary public: _____

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My commission expires: