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FULTON COUNTY BOARD OF ASSESSORS
235 Peachtree Street, N.E., Suite 1400
Atlanta, Georgia 30303
(404) 612-6440



FULTON COUNTY, GEORGIA REQUEST TO REMOVE PERSONALLY IDENTIFIABLE INFORMATION

Official Written Request for any law enforcement officer, as defined by O.C.G.A. § 50-18-78, to have their personally identifiable information removed from all property records that are publicly available on any internet website of Fulton County. The publicly available internet websites covered by this Request Form are the Fulton County Board of Assessors public websites and the Fulton County Tax Commissioner public website. Upon completion of this Request Form and its receipt, the personally identifiable information of such law enforcement officer shall be removed within 30 days of the date this form is submitted.

Printed Name of Law Enforcement Officer _____

Printed Name as Property Owner(s) of Record _____

Residential Physical Address; City; ST; Zip _____

Tax Parcel ID # of Above Address _____

Phone(s) _____ Email _____

Law Enforcement Agency _____ Title/Rank _____

Badge # _____

(VERIFICATION REQUIRED – SEE BELOW)

Additional Properties requested to be removed: (must meet the requirements of O.C.G.A. § 50-18-78)

<u>Owner of Record</u>	<u>Physical Location Address; City</u>	<u>Map-Parcel #</u>	<u>Approved</u>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

NOTICE: VERIFICATION OF EMPLOYMENT IN A COVERED POSITION BY THE LAW ENFORCEMENT AGENCY IS REQUIRED AND SHALL BE PROVIDED ON AGENCY LETTERHEAD, SIGNED BY THE AGENCY DIRECTOR/HEAD OR AN IMMEDIATE SUPERVISOR.

By signing this Official Written Request, I declare under penalty of perjury that all the information contained herein is true and correct.

Signature of Law Enforcement Officer

Date (mm/dd/yyyy)

FOR COMPLETION BY NOTARY

This Official Written Request was acknowledged before me this ____ day of _____ (month), _____ (year), by _____ (name of signer).

- Personally Known
 Produced Identification
Type and # of ID _____

Signature of Notary Public
My commission expires:

This blank document may be copied/reproduced.

Form created January 2024
Revised April 2024