



ST. JOHNS COUNTY  
**PROPERTY APPRAISER**  
— Eddie Creamer, CFA —

PR-SSDISVT

STRAP:

01/03/2017 V1

**AUTHORIZATION AND RELEASE**

**RE: Social Security Number for Disabled Veterans Exemption(s)**

I, \_\_\_\_\_, whose Social Security Number is \_\_\_\_\_ have made an application with the St. Johns County Property Appraiser's office (PA) for a disabled veteran exemption from ad valorem taxation pursuant to section 196.082, Florida Statutes. I understand that, in the process of determining my present and future eligibility for such an exemption, the PA may request information from the St. Johns County Veterans Service Office (SJCVSVO). In order to facilitate this process, the SJCVSVO may request that the PA provide my Social Security Number. I further understand that the PA is legally required to maintain the confidentiality of my Social Security Number in accordance with applicable law.

In order to facilitate the process of determining my present and future eligibility for this exemption, I hereby authorize the PA, including its agents, employees and/or representatives, to provide my Social Security Number to the SJCVSVO, including its agents, employees and/or representatives, for this purpose. In conjunction with this Authorization and Release, I waive the confidentiality of my Social Security Number for this purpose only and fully release the PA from any and all liability, action(s), and/or claim(s) arising out of the permitted disclosure.

This Authorization and Release shall be valid from the date hereinbelow until I revoke it in a writing delivered to the PA.

Signed, agreed and dated this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_

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

————— **EDDIE CREAMER, CFA, Property Appraiser** —————