



City of Coral Gables Development Services Department

PERMANENT ADDRESS BLOCKING FORM

Pursuant to Florida Statute, Section 119.07, I am requesting that you remove information in your public records that recognize my name and home address.

NAME: _____

OFFICE OF EMPLOYMENT: _____

POSITION HELD: _____

DAYTIME TELEPHONE NUMBER: _____

PROPERTY(IES) I OWN IN THE CITY OF CORAL GABLES:

Title is held in the following name(s): _____

Street Address of Property: _____

City: Coral Gables Parcel #: _____
(Found on tax bill)

Title is held in the following name(s): _____

Street Address of Property: _____

City: Coral Gables Parcel #: _____
(Found on tax bill)

Title is held in the following name(s): _____

Street Address of Property: _____

City: Coral Gables Parcel #: _____
(Found on tax bill)

Signature of requestor: _____ Date _____

NOTE:

- ✓ PROVIDE PROOF OF EMPLOYMENT WHEN SUBMITTING THIS FORM.
- ✓ PROVIDE RECORDED WARRANTY DEED EVERYTIME A PERMIT IS REQUESTED.
- ✓ THE CITY OF CORAL GABLES CANNOT BE HELD RESPONSIBLE FOR BLOCKING ADDRESSES OR PARCELS NOT LISTED HEREIN.
- ✓ A COPY OF THE RECORDED WARRANTY DEED WILL BE REQUIRED BY THE FINANCE DEPARTMENT FOR REFUNDS.