

LAW ENFORCEMENT OFFICER REQUEST TO REMOVE DATA RECORDS

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

Name: i elepnone 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 defined by O.C.G.A. § 50-18-78, and hereby request that Gwinnett County remove my personally identifiable information all publicly accessible internet property records. In making this request, I understand and hereby acknowledge	tion
• I will notify Gwinnett County if there is any change in my employment and/or ownership of the properties listed such that they no longer meet the requirements of O.C.G.A. § 50-18-78.	below
 This request applies solely to the removal of personally identifiable information from publicly accessible Gwinnett County internet property records. Said information is maintained on, and public access will be removed from, the Gwinnett County Board of Assessors' property information search portal, the Gwinnett County Tax Commissioner's public access portal, and the Gwinnett 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 Gwinnett County records which are subj disclosure under Georgia's Open Records Act. Said information may also be available on internet websites that not affiliated with Gwinnett 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: Gwinnett County Board of Assessors' Office 75 Langley Drive, Lawrenceville, GA 30046-6935	
For questions regarding this form, please call the Board of Assessors' Office at 770.822.7200.	
Sworn to and subscribed before me this day of, 20	
Requestor Signature/Date:	
Notary public:	
My commission expires:	