

Property Owner/Leaseholder Authorization Form  
Public Records Request for Public Records  
(Security and Fire Safety Information)

Property Owner Name(s): \_\_\_\_\_

Leaseholder Name(s): \_\_\_\_\_

(Corporation, Limited Liability Company, or Trust)

Corporate Representative Name(s): \_\_\_\_\_

Title: \_\_\_\_\_

Record Property Address: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Pursuant to §119.071(3)(a), Fla. Stat., Security and Firesafety system plans are confidential and exempt from public disclosure under §119.07(1), Fla. Stat. and § 24(a), Art. I of the State Constitution. Documentation that is exempt from disclosure includes:

- a. records, information, photographs, audio and visual presentations, schematic diagrams, surveys, recommendations, or consultations or portions thereof relating directly to the physical security or firesafety of the facility or revealing security or firesafety systems;
- b. Threat assessments conducted by any agency or any private entity;
- c. Threat response plans;
- d. Emergency evacuation plans;
- e. Sheltering arrangements; or
- f. Manuals for security or firesafety personnel, emergency equipment, or security or firesafety training.

NOTICE IS HEREBY GIVEN THAT: By executing this Authorization, you are permitting Lee County to disclose otherwise confidential records to the individual(s) listed below. In accordance with this Authorization Form, Lee County will release the unredacted information to the individual(s) stated herein. You may revoke this authorization in writing at any time by contacting the Lee County Department of Community Development.

As the Legal Owner or Leaseholder of the Record Property identified above, I/we hereby authorize Lee County to disclose confidential records including information concerning Security and Firesafety system for the Record Property to: \_\_\_\_\_ . This authorization applies to:  all records for the Record Property or  Permit Number \_\_\_\_\_ .

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Dated

STATE OF FLORIDA  
COUNTY OF LEE

Sworn to ( or affirmed) and subscribed before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 2025, by <NAME>.

\_\_\_\_\_  
NOTARY PUBLIC  
State of Florida at Large

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

My Commission Expires: \_\_\_\_\_

Personally Known

Produced Identification

Type of Identification Produced \_\_\_\_\_