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BOARD OF TAX ASSESSORS
ATHENS-CLARKE COUNTY
325 E Washington St. Rm 280
Athens, Georgia 30601
(706) 613-3140

Request Form for Protected Persons Pursuant to O.C.G.A. § 15-5-111(3)

Effective July 1, 2025

Instructions: Complete this form to request the appropriate restriction form pursuant to O.C.G.A. § 15-5-111(3) from the associated judge's corresponding court council. This form must be completed and signed by the qualified protected person. The requestor may be required to present valid identification.

REQUESTOR CONTACT INFORMATION

Printed Name as Property Owner(s) of Record _____

Physical Address _____

Tax Parcel ID # _____

Phone_____ Email_____

QUALIFICATION

As authorized by O.C.G.A. § 15-5-112, I am qualified to make this request because I am a:

☐ Current or former judge or justice of the State of Georgia or the United States

☐ Spouse of a current or former judge or justice of the State of Georgia or the United States.

Jurisdiction or Court: _____

By signing this request form, I certify that I meet the eligibility requirements of O.C.G.A. § 15-5-110, and to the best of my knowledge, all information contained herein is true and correct. Wrongful use of this form is punishable pursuant to O.C.G.A. § 16-10-20.

_____ _____
Signature of Requestor Date

Adopted 08/20/2026