

**REQUEST TO THE _____ COUNTY CLERK OF COURT
TO RELEASE REDACTED INFORMATION ON RECORDED DOCUMENTS**

This request is made by

Printed Name: _____

I request that the _____ County Clerk of Court release an unredacted copy of the following redacted, recorded document:

Date of Request: _____

Document Title: _____

Book and Page of Document: Book _____ Page _____

Instrument Number: _____

A copy of the redacted document is attached to this request.

I request that the clerk release a copy of the unredacted referenced document to:

Signature

STATE OF FLORIDA
COUNTY OF _____

Signed on _____

Sworn to (or affirmed) and subscribed before me on (date) _____, 20____ by

(affiant name) _____.

NOTARY PUBLIC-STATE OF FLORIDA

{Print, type, or stamp commissioned name of notary}

____ Personally known, OR
____ Produced identification
____ Type of identification produced/ID# _____