**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#

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