

**REQUEST TO THE MARION COUNTY CLERK OF COURT
TO RELEASE REDACTED INFORMATION ON RECORDED DOCUMENTS
(Request by Protected Party)**

This request is made by

Printed Name: _____

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

Date of Request: _____

Document Title: _____

Book and Page of Document: Book _____ Page _____

Instrument Number: _____

Describe the lawful purpose for the search: Property transaction Employment verification
 Proof of ownership or residency Explain other _____

Identify the individual or property that is the subject of the search: _____

Identify the information that is to be released (name, address, place of employment):

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

Signature

Signed on

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization on (date) _____, 20____ by _____, who is personally known to me or produced _____ as identification.

NOTARY PUBLIC or DEPUTY CLERK
{Print, type, or stamp name of notary or deputy clerk}

<p><u>For OR Internal Use Only:</u> Date Processed: _____ By: _____</p> <p><u>Routing</u> Tax Deeds Comm. Recs IA Budget Finance _____ Payroll Records Center Admin _____ _____</p>
