

**REQUEST TO THE MARION COUNTY CLERK OF COURT
TO RELEASE REDACTED INFORMATION ON RECORDED DOCUMENTS
FOR PURPOSES OF CONDUCTING A TITLE SEARCH**

The requestor is:

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| <input type="checkbox"/> Title Insurer <input type="checkbox"/> Title Insurance Agent <input type="checkbox"/> Title Insurance Agency | Requestor's Florida Company Code or License Number: _____ _____ Requestor attests that requestor is authorized to transact <small>(Initial)</small> business in Florida. |
| <input type="checkbox"/> Attorney | Requestor's Florida Bar Number: _____ _____ Requestor attests that requestor has an agency agreement <small>(Initial)</small> with a title insurer, directly or through his or her law firm. |

Identify the Property that is the subject of the search: _____

Describe the lawful purpose for the search: _____

Document Title: _____

Official Records Book _____ Page _____ Instrument Number: _____

The requestor's photo ID must be presented or a copy provided with this request.

By signing below, I certify that I am authorized to access the referenced exempt information pursuant to Fla. Stat. § 28.2221(6)(a), for an authorized purpose of conducting a title search, as defined in § 627.7711(4), F.S., of the Official Records, as described in § 28.222(2), F.S., and I acknowledge that making a false attestation will subject me to the penalty of perjury under Fla. Stat. § 837.012, F.S. I hereby request that the Clerk release a copy of the unredacted referenced document to me.

Signature

Date

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}

The above affidavit will be mailed to each affected party and will be recorded in the Official Records of the County, along with a certificate of mailing, per Fla. Stat. § 28.2221, F.S. The requestor must pay the statutory service charge of _____ prior to the documents being released.

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| For OR Internal Use Only: Date Processed: _____ By: _____ Routing: Tax Deeds ___ Comm. Recs ___ IA ___ Budget ___ Finance ___ Payroll ___ Records Center ___ Admin ___ |
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