

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

1. This request is made by _____ (“Affiant”). Affiant previously submitted to the Office of the Marion County Clerk of Court and Comptroller (“Office”) a request to have exempt personal information (“Information”) removed from records maintained by the Office (“Records”) and listed below:

Instrument Number	Book	Page	Document Title

2. Affiant now requests that the Office unredact all such Information from the Records.
 3. Affiant acknowledges that, by submitting this Request, the Information, once unredacted, will be viewable to all members of the public and Affiant affirmatively waives all statutory protections previously asserted.
 4. Affiant further acknowledges that Affiant must submit a new Request for Redaction of Exempt Personal Information from Non-Judicial Records if Affiant wishes to request that any Information contained in the Records, or any other non-judicial records maintained by this Office, be redacted in the future.

AFFIANT SIGNATURE: _____ DATED: _____
 TELEPHONE NO.: _____
 EMAIL: _____

STATE OF FLORIDA
 COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this __ day of _____, _____, by _____, who is personally known to me or who has produced _____ as identification.

<Seal>

 Signature of Notary Public – State of Florida

 Print, Type, or Stamp Name of Notary Public

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