

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

This request is made by _____
(PRINT NAME)

I request that the Seminole 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: _____

Describe the lawful purpose for the search: _____

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

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

Signature

STATE OF FLORIDA
COUNTY OF SEMINOLE

Signed on _____

Sworn to (or affirmed) and subscribed before me by means of ____physical presence or ____online notarization
on (date) _____, 20____ by (affiant name) _____.

NOTARY PUBLIC or DEPUTY CLERK

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

____ Personally known, OR

____ Produced identification; Type of identification produced/ID# _____