

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

The requestor is:

<input type="checkbox"/> Title Insurer	Requestor's Florida Company Code or License Number: _____
<input type="checkbox"/> Title Insurance Agent	_____ Requestor attest that requestor is authorized to transact (Initial) business in Florida.
<input type="checkbox"/> Title Insurance Agency	
<input type="checkbox"/> Attorney	Requestor's Florida Bar Number: _____ _____ Requestor attests that requestor has an agency agreement (Initial) 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), of the Official Records, as described in § 28.222(2), and I acknowledge that making a false attestation will subject me to the penalty of perjury under Fla. Stat. § 837.012. 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

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

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. The requestor must pay the statutory service charge prior to the documents being released.

Instructions:

After completing your request form, please mail the signed original document to: Duval County Clerk of Courts, 501 West Adams Street, Rm 2338, Jacksonville, FL 32202, Attn: Public Information Officer. Completed forms may be also submitted in person. For locations and directions, visit www.duvalclerk.gov