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

This request is made by Printed Name:	
	ourt release an unredacted copy of the following
redacted, recorded document:	, , , , , , , , , , , , , , , , , , ,
Date of Decreate	
Date of Request:	
Document Title:	
Book and Page of Document: Book	Page
· · ·	☐ Property transaction ☐ Employment verification n other
Identify the individual or property that is the	subject of the search:
Identify the information that is to be release	d (name, address, place of employment):
A copy of the redacted document is attac	ched to this request.
Signature	
STATE OF FLORIDA COUNTY OF	
Signed on	
Sworn to (or affirmed) and subscribed be notarization on (date)	efore me by means of $\square$ physical presence or $\square$ online, 20 by
(affiant name)	
	NOTARY PUBLIC
	{Print, type, or stamp commissioned name of notary}
Personally known, OR	• • • • • • • • • • • • • • • • • • •
Produced identification	
Type of identification produced/ID#	

## **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 also be submitted in person or via email to public.info@duvalclerk.com. For locations and directions, visit www.duvalclerk.gov.