

Instrument Prepared By:

Name: \_\_\_\_\_

Address: \_\_\_\_\_



**REQUEST TO THE CLERK OF THE CIRCUIT COURT  
& COMPTROLLER, PALM BEACH COUNTY TO  
RELEASE REDACTED INFORMATION ON  
RECORDED DOCUMENTS FOR PURPOSES OF  
CONDUCTING A TITLE SEARCH**

The requestor is:

<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 (Initial) authorized to transact business in Florida.
<input type="checkbox"/> Attorney	Requestor's Florida Bar Number: _____ _____ Requestor attests that requestor has an (Initial) agency agreement 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 signed before me by means of  physical presence or  online notarization, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_.

Personally known to me or  who has produced \_\_\_\_\_ a as identification.

\_\_\_\_\_  
Signature of Notary Public or Deputy Clerk

(SEAL)

\_\_\_\_\_  
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 28.2221, F.S. The requestor must pay the statutory service charge of \$\_\_\_\_\_ prior to the documents being released.

**CERTIFICATE OF MAILING FOR  
DISCLOSURE OF REDACTED INFORMATION**

Enclosed you will find a copy of the affidavit requesting disclosure of redacted information that was filed on \_\_\_\_\_, 20 \_\_\_\_\_.

I hereby certify that a copy of the affidavit requesting disclosure of redacted information was sent by first class mail to the person whose information was removed from the documents referenced in the enclosed affidavit on \_\_\_\_\_, 20 \_\_\_\_\_, as required by s. 28.2221(6)(b), F.S.

**MICHAEL A. CARUSO**  
As Clerk of the Circuit Court & Comptroller

By: \_\_\_\_\_  
Deputy Clerk