

**REQUEST TO THE WAKULLA 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 <input type="checkbox"/> Title Insurance Agent <input type="checkbox"/> Title Insurance Agency	Requestor's Florida Company Code or License Number: _____ _____ (Initial) Requestor attests that requestor is authorized to transact business in Florida.
<input type="checkbox"/> Attorney	Requestor's Florida Bar Number: _____ _____ (Initial) Requestor attests that requestor has an 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 submitted 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, and I acknowledge that making a false attestation is 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 WAKULLA

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.

(Seal) or (Clerk Stamp)

NOTARY PUBLIC or 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 Fla. Stat. § 28.2221. The requestor must pay the statutory service charge of _____ prior to the documents being released.