

**REQUEST TO THE WAKULLA COUNTY CLERK OF COURT
TO RELEASE REDACTED INFORMATION ON DOCUMENTS**

This request is made by:

Printed Name: _____

I request that the Wakulla County Clerk of Court release an unredacted copy of the following redacted 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: (Please circle) Yes or No

I request that the clerk release a copy of the unredacted referenced document to:

Signature of Requestor: _____

STATE OF FLORIDA

COUNTY OF WAKULLA

Signed on this _____ day of _____, 20____

Sworn to (or affirmed) and subscribed before me by means of _____ physical presence or _____ online notarization, this _____ day of _____, 20____, by _____.

NOTARY PUBLIC or DEPUTY CLERK-- STATE OF FLORIDA

(Print, type, or stamp commissioned name of Notary OR Deputy Clerk)

_____ Personally Known, OR

_____ Produced Identification

Type of identification produced _____