

ROGER D. EATON
CHARLOTTE COUNTY CLERK OF THE CIRCUIT COURT AND COMPTROLLER
350 EAST MARION AVENUE
PUNTA GORDA, FLORIDA 33950

REQUEST TO THE CHARLOTTE COUNTY CLERK OF THE CIRCUIT COURT AND COUNTY
COMPTROLLER TO RELEASE REDACTED INFORMATION ON RECORDED DOCUMENTS

(Request by Protected Party)

This request is made by

Printed Name: _____

I request that the Charlotte County Clerk of the Circuit Court and County Comptroller release an unredacted copy of the following redacted, recorded document:

Date of Request: _____

Document Title: _____

Book and Page of Document: Book _____ Page _____

Instrument Number: _____

Describe the lawful purpose for the search: Property transaction Employment verification Proof of ownership or residency Explain other _____

Identify the individual or property that is the subject of the search: _____

Identify the information that is to be released (name, address, place of employment):

A copy of the redacted document is attached to this request.

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 _____.

NOTARY PUBLIC or DEPUTY CLERK

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

____ Personally known, OR

____ Produced identification; Type of identification produced/ID# _____

**ROGER D. EATON
 CHARLOTTE COUNTY CLERK OF THE CIRCUIT COURT AND COMPTROLLER
 350 EAST MARION AVENUE
 PUNTA GORDA, FLORIDA 33950**

**REQUEST TO THE 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: _____ _____ Requestor attests that requestor is authorized to transact (Initial) business in Florida.
<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), 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 subscribed before me by means of physical presence or online notarization on (date) _____, 20____ by _____.

NOTARY PUBLIC or DEPUTY CLERK

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

____ Personally known, OR
 ____ Produced identification; Type of identification produced/ID# _____

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, F.S. The requestor must pay the statutory service charge of _____ prior to the documents being released.

**ROGER D. EATON
CHARLOTTE COUNTY CLERK OF THE CIRCUIT COURT AND COMPTROLLER
350 EAST MARION AVENUE
PUNTA GORDA, FLORIDA 33950**

REQUEST TO RELEASE PROTECTED DECEDENT'S REMOVED INFORMATION

[§119.071(4)(d)9, F.S.]

STATE OF _____

COUNTY OF _____

Before me, the undersigned authority, personally appeared _____ ("Affiant"),
who swore or affirmed that:

1. Affiant verifies by a certified copy of a death certificate, that the protected decedent has died. The certified copy of the death certificate is attached to this affidavit.
2. Affiant verifies that there is no known statute or court order prohibiting the release requested.
3. Affiant confirms that the request for release is due to the death of the protected party.
4. Affiant requests the release of a protected decedent's removed information.
5. Affiant provides the location of the former dwelling location to be located in the Official Records at:
Book Number: _____ and Page Number: _____
OR Instrument Number: _____
OR Clerk's File Number: _____

(Affiant)

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 _____.

NOTARY PUBLIC or DEPUTY CLERK

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

____ Personally known, OR

____ Produced identification; Type of identification produced/ID# _____

Note: The Clerk's office will verify if there are other Requests for Redaction on file from other protected parties as to this property prior to releasing information.

**ROGER D. EATON
CHARLOTTE COUNTY CLERK OF THE CIRCUIT COURT AND COMPTROLLER
350 EAST MARION AVENUE
PUNTA GORDA, FLORIDA 33950**

**REQUEST TO RELEASE THE EXEMPT STATUS OF HOME ADDRESS
[§119.071(4)(d)8, F.S.]**

STATE OF _____

COUNTY OF _____

Before me, the undersigned authority, personally appeared _____ (“Affiant”), who swore or affirmed that:

1. Affiant is a protected party and authorized to submit this request by affidavit.
2. Affiant has conveyed real property that was my dwelling location.
3. Affiant requests the release of the exempt status for this dwelling location since the conveyance of the real property has removed the exempt status as my home address.
4. Affiant confirms that the request for release is pursuant to the conveyance of my dwelling location.
5. Affiant provides the location of the former dwelling location to be located in the Official Records at:

Book Number: _____

Page Number: _____

OR

Instrument Number: _____

OR

Clerk’s File Number: _____

_____ (Affiant)

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 _____.

NOTARY PUBLIC or DEPUTY CLERK

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

____ Personally known, OR

____ Produced identification; Type of identification produced/ID# _____