

**REQUEST TO THE HERNANDO COUNTY CLERK OF COURT
TO RELEASE REDACTED INFORMATION ON RECORDED DOCUMENTS
FOR PURPOSES OF CONDUCTING A TITLE SEARCH**

The requester is:

<input type="checkbox"/> Title Insurer <input type="checkbox"/> Title Insurance Agent <input type="checkbox"/> Title Insurance Agency	Requester's Florida Company Code or License Number: _____ ____ Requester attests that requester is authorized to transact (Initial) business in Florida.
<input type="checkbox"/> Attorney	Requestor's Florida Bar Number: _____ ____ Requester attests that requester 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 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 _____

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.

NOTARY PUBLIC

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

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 requester must pay the statutory service charge of \$10 prior to the documents being released.