



**Office of Nikki Alvarez-Sowles, Esq.
Pasco County Clerk & Comptroller**

Official Records Division

**AFFIDAVIT TO RELEASE REMOVED INFORMATION
PURSUANT TO F.S. 119.071**

Pursuant to F.S. §119.071(4)(d)(7), in order for a person who is authorized under F.S. §119.071(4)(d)(2) to request an exemption from official records, the requester must submit a request to the office of the Clerk & Comptroller, and specify the document type, name, identification number, and page number of the official record that contains the exempt information.

THIS REQUEST IS TO AUTHORIZE THE RELEASE OF REDACTED RECORDS TO SPECIFIC INDIVIDUALS PURSUANT TO F.S. §119.071(6)(b)(5)

I proclaim that I am a:

Title Insurer / Title Insurance Agent / Title Insurance Agency (*Copy of photo identification required*)

Title Insurance Florida Company Code or License Number (*required*):

Attorney (*Copy of photo identification required*)

Attorney Florida Bar number (*required*):

I hereby request un-redacted copies of the below Book and Page number(s) for purposes of:

Party Name(s):

Description of Property:

Book_____ Page_____

Book_____ Page_____

Book_____ Page_____

Book_____ Page_____

Book_____ Page_____

Book_____ Page_____

Book_____ Page_____

Book_____ Page_____

By sworn affidavit, please send requested copies to the e-mail address or mailing address listed below:

ACKNOWLEDGEMENT

I hereby authorize the Office of Clerk & Comptroller to send un-redacted copies of the above Book and Page number(s) with the consent of the original requestor and/or agency agreement with a title insurer directly, or through his or her law firm.

STATE OF FLORIDA
COUNTY OF _____

SWORN TO (or affirmed) and subscribed before me by means of online notarization or physical appearance, this _____ of _____, _____ by _____.
Affiant Name

Affix Official Seal

Notary Public/Deputy Clerk: _____

Print Name: _____

Notary Commission # _____

Personally Known or Produced Identification

Type of ID: _____

CERTIFICATE OF MAILING

State of Florida
County of Pasco

I hereby certify that I mailed a copy of the above Affidavit to Release Redacted Information to:

on this _____ day of _____ .

**Office of Nikki Alvarez-Sowles, Esq.,
Pasco County Clerk & Comptroller**

By: _____ Deputy Clerk