



**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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Book\_\_\_\_\_ Page\_\_\_\_\_

Book\_\_\_\_\_ Page\_\_\_\_\_

Book\_\_\_\_\_ Page\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Requestor Signature

**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