

AFFIDAVIT

FOR RELEASE OF EXEMPT INFORMATION ON RECORDED DOCUMENTS FOR TITLE SEARCH

Requestor type: Title Insurer Title Insurance Agent Title Insurance Agency Attorney

Florida Company Code or License Number / Florida Bar Number: _____

Requestor attests that:

They are authorized to transact business in Florida: _____ (Initials); or

They have an agency agreement with a title insurer, directly or through his or her law firm. _____ (Initials)

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

Describe the lawful purpose for the search: _____

Documents to be released:

Document Title	Document Number or Book/Page

**If more space is needed, provide a supplemental page.*

By signing below, I certify that I am authorized to access the referenced exempt information pursuant to 28.2221(6)(a), Florida Statutes, for an authorized purpose, and I acknowledge that making a false attestation will subject me to the penalty of perjury under 837.012, Florida Statutes. I hereby request that the Clerk release a copy of the unredacted referenced document to me.

Signature

Date

Area is for Official Use Only

STATE OF FLORIDA
COUNTY OF LAKE

The foregoing instrument was acknowledged before me by means of
 physical presence or online notarization this _____ day of
_____, 20____, by _____.

(Name of Person Signing)

NOTARY PUBLIC or DEPUTY CLERK

(Print, type, or stamp commissioned name of notary or clerk.)

Personally known or

Produced identification of _____.