

## RELEASE OF EXEMPT INFORMATION

Pursuant to Florida Statute 119.071(4)(d)

Certain records of mine recorded in the Official Records of Indian River County Florida, have exempt information which has been redacted, pursuant to 119.071 F.S. I hereby authorize the release of my document(s) in unredacted form to the individual/company listed below:

Name				
Provide email address to send electronically				
-OR- Mailing Address				
Documents to be rele	eased:			
Name listed on Document	Document Number or Book/Page	Name listed on Document	Document Number or Book/Page	
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If additional space is required, provide a supplemental page.				
Note: Per F.S. 28.24, copy fees - \$1 per page, certification fee \$2 per document  Signed				
STATE OF <u>FLORIDA</u>		Print	Print	
COUNTY OF		Phone Number	Phone Number	
Sworn to (or affirmed) and subscribed before me this day of, 20				
Ву				
		Signature of Notary	nature of Notary	
		ime of Notary (Typed, Printed, or Stamped)		
Personally Known OR Produced Identification				
Type of Identification Produced				