



**JEFFREY R. SMITH, CPA, CGFO, CGMA
 INDIAN RIVER COUNTY
 CLERK OF THE CIRCUIT COURT AND
 COMPTROLLER**

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

The requestor is: <input type="checkbox"/> Title Insurer <input type="checkbox"/> Title Insurance Agent <input type="checkbox"/> Title Insurance Agency	Requestor's Florida Company Code or License Number: _____ _____
<input type="checkbox"/> Attorney	Requestor's Florida Bar Number: _____ _____ Requestor attests that requestor 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 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 or CLERK

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

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 requestor must pay the statutory service charge of _____ prior to the documents being released.