

**REQUEST TO THE DUVAL 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: _____  _____ Requestor attests that requestor is authorized to transact <small>(Initial)</small> business in Florida.
<input type="checkbox"/> Attorney	Requestor's Florida Bar Number: _____  _____ Requestor attests that requestor has an agency agreement <small>(Initial)</small> 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 presented 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 of conducting a title search, as defined in § 627.7711(4), of the Official Records, as described in § 28.222(2), 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  
{Print, type, or stamp commissioned name of notary}

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.

**Instructions:**

After completing your request form, please mail the signed original document to: Duval County Clerk of Courts, 501 West Adams Street, Rm 2338, Jacksonville, FL 32202, Attn: Public Information Officer. Completed forms may also be submitted in person or via email to public.info@duvalclerk.com. For locations and directions, visit [www.duvalclerk.com](http://www.duvalclerk.com).