

**REQUEST TO THE MARION COUNTY CLERK OF COURT
TO RELEASE REDACTED INFORMATION ON RECORDED DOCUMENTS**

This request is made by

Printed Name: _____

I request that the Marion County Clerk of Court release an unredacted copy of the following redacted, recorded document:

Date of Request: _____

Document Title: _____

Book and Page of Document: Book _____ Page _____

Instrument Number: _____

A copy of the redacted document is attached to this request.

I request that the clerk release a copy of the unredacted referenced document to:

Signature

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or
online notarization this _____ day of _____, 20____ by (affiant name)

_____.

NOTARY PUBLIC-STATE OF FLORIDA

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

- Personally known, OR
- Produced identification
Type of identification produced/ID# _____