

REQUEST TO RELEASE INFORMATION EXEMPT FROM PUBLIC RECORDS DISCLOSURE § 119.071, FLORIDA STATUTES FOR THE PURPOSES OF CONDUCTING A TITLE SEARCH

Instructions: Complete this form to request title information that is exempt from public records disclosure. Florida law requires this notarized form be completed by the parties authorized by Florida Statutes. Submitted copies of the form will be mailed to all affected parties for the subject property contained in this request.

The requestor is:	
☐ Title Insurer	Requestor's Florida Company Code or License Number:
☐ Title Insurance Agent	
☐ Title Insurance Agency	
☐ Attorney with an agency	Florida Par Number
agreement with a title insurer,	Florida Bar Number:
directly or through his or her	
law firm.	
Subject Property Account Number/Proper	rty Address:
Describe the lawful purpose of the title se	earch:
Information requested for the title search	:
Send information to (email or mail address): _	
	atutes, Chapter 28.222(2), and I acknowledge that making a false attestation der Florida Statutes, Chapter 837.012. I hereby request that the Sarasota he unredacted document to me:
Requestor Name	Signature of Requestor (in presence of a Notary)
State of	
County of	
Sworn to (or affirmed) and subscribed before me by, 20 By	means of \square physical presence or \square online notarization, this day of
	Signature of Notary
Notary Seal	Name of Notary (Types, Printed, or Stamped)
Personally Known $\ \square$ or, Produced Identification $\ \square$	Type of Identification Produced