

**REQUEST TO THE POLK COUNTY CLERK OF COURT
TO RELEASE REDACTED INFORMATION ON RECORDED DOCUMENTS
(Request by Protected Party)**

This request is made by:

Printed Name: _____

I request that the Polk 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: _____

Describe the lawful purpose for the search: Property transaction Employment verification
 Proof of ownership or residency Explain other _____

Identify the individual or property that is the subject of the search: _____

Identify the information that is to be released (name, address, place of employment): _____

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

Signature

STATE OF FLORIDA
COUNTY OF _____

Signed on _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online
notarization on (date) _____, 20____ by

(affiant name) _____.

NOTARY PUBLIC or DEPUTY CLERK

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

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

