

# AFFIDAVIT

## FOR RELEASE OF EXEMPT INFORMATION ON RECORDED DOCUMENTS FOR TITLE SEARCH

**Requestor type:**  Title Insurer  Title Insurance Agent  Title Insurance Agency  Attorney

Florida Company Code or License Number / Florida Bar Number: \_\_\_\_\_

**Requestor attests that:**

They are authorized to transact business in Florida: \_\_\_\_\_ (Initials); or

They have an agency agreement with a title insurer, directly or through his or her law firm. \_\_\_\_\_ (Initials)

Identify the individual or property that is the subject of the search: \_\_\_\_\_

Describe the lawful purpose for the search: \_\_\_\_\_

**Documents to be released:**

Document Title	Document Number or Book/Page

*\*If more space is needed, provide a supplemental page.*

By signing below, I certify that I am authorized to access the referenced exempt information pursuant to 28.2221(6)(b), Florida Statutes, for an authorized purpose, and I acknowledge that making a false attestation will subject me to the penalty of perjury under 837.012, Florida Statutes. I hereby request that the Clerk release a copy of the unredacted referenced document to me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Area is for Official Use Only

STATE OF FLORIDA  
COUNTY OF LAKE

The foregoing instrument was acknowledged before me by means of  
 physical presence or  online notarization this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

*(Name of Person Signing)*

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

*(Print, type, or stamp commissioned name of notary or clerk.)*

Personally known or

Produced identification of \_\_\_\_\_.