

REQUEST FOR CONFIDENTIALITY

Miami-Dade Clerk of Courts

This request is being made for confidentiality according to Florida Statutes 119.

Print your name and reason you are claiming confidentiality based on the above Florida Statute.

I attest that as a _____ I am covered under Florida Statute _____ and hereby request that my (Home Address or Social Security Number) _____ be redacted from Book _____ Page _____

_____ of the Official Records of Miami-Dade County.

The information provided on this request for confidentiality is itself to be kept confidential. The information may only be used by the Miami-Dade County Recorder’s staff in order to process my request for confidentiality.

I agree to indemnify and hold harmless the Miami-Dade Clerk of Courts for any and all claims proximately resulting from this request. Furthermore, I affirm that the only document(s) being redacted is/are identified by Book and Page above.

Signature and Date

Print Full Name

Address

City, State, Zip

Telephone

State of Florida
County of _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____,

by _____.

Personally known _____ or produced identification _____.

Type of identification produced _____.

Signature of Notary _____

Incomplete document will not be processed.

Accepted by _____ Date _____

Print Name