CLERK OF THE CIRCUIT AND COUNTY COURTS 11TH JUDICIAL CIRCUIT
MIAMI-DADE COUNTY

REQUEST TO RELEASE REDACTED INFORMATION ON RECORDED DOCUMENTS

This request is made by:

Printed Name: _____

I request that the Miami-Dade 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:

_____

Below this line is for official Notary Public use only.

_____
Signature

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Signed on _____

Sworn to (or affirmed) and subscribed before me on (date) _____, 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# _____