

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

This request is made by Printed Name:				
	County Clerk of C	Court release an u	nredacted copy of the following	
redacted, recorded docur	nent:			
Date of Request:				
Instrument Number	Book	Page	Document Title	
Describe the lawful purpose ☐ Proof of ownership or re			ion Employment verification	
Identify the individual or pr	, ,	·	·h·	_
identity the individual of pr	operty that is the s	subject of the searc	41.	
Identify the information that	at is to be released	(name, address, pl	lace of employment):	
A copy of the redacted do	ocument is attach	ned to this reques	t.	
STATE OF FLORIDA				
COUNTY OF				
 				
			s of \square physical presence or \square onl	
who is \square personally known	to me or □ has pr	, 20 b oduced	y as	_
identification.	·			
		S	Signature of Notary	
(NOTARY SEAL)				
		Name of No	tary (Typed, Printed or Stamped)	