

REQUEST TO THE ORANGE COUNTY COMPTROLLER TO RELEASE REDACTED INFORMATION ON RECORDED DOCUMENTS (REQUEST BY PROTECTED PARTY)

This request made by:	
	inted Name
I request that the Orange County Comptroller: ☐ Release an un-redacted copy of the followin ☐ Permanently remove the redaction from the	g recorded document(s) e document(s) listed below: (a new request is required to re-redact)
Date of Request:	
Document Title:	
Book and Page of Document (if applicable): Book	ok Page
Instrument Number:	
Document Title:	
Book and Page of Document (if applicable): Book	okPage
Instrument Number:	
Describe the lawful purpose of this request:	
	ıbject of the search:
A copy of the redacted document is attached to	this request.
Signature	
Phone Number Email Ad	dress
STATE OF FLORIDA COUNTY OF	
	re me by means of physical presence or online
(Affiant name)	
(
	NOTARY PUBLIC or CLERK
	{Print, type, or stamp commissioned name of notary or clerk}
Personally known, OR	, .
Produced identification	
Type of identification produced/ID	