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

This request is made by	
Printed Name:	
I request that the Gadsden County Cler	rk 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:	
• •	☐ Property transaction ☐ Employment verification in other
	e subject of the search:
Identify the information that is to be releas	
A copy of the redacted document is atta	ached to this request.
 Signature	Signed on
STATE OF FLORIDA COUNTY OF GADSDEN	
	re me by means of ☐ physical presence or ☐ online
personally known to me or produced	, 20 by, who is as identification.
	NOTARY PUBLIC or DEPUTY CLERK
	{Print, type, or stamp name of notary or deputy clerk}