

REQUEST TO RELEASE CONFIDENTIAL INFORMATION FOR PURPOSES OF CONDUCTING A TITLE SEARCH

Must be completed by by an Attorney or Title Insurer. Complete all sections.

REQUESTOR INFORMATION

Name: _____ Phone: _____

Email: _____ (The document will be sent to this email address)

The requestor is:

<input type="checkbox"/> Title Insurer <input type="checkbox"/> Title Insurance Agent <input type="checkbox"/> Title Insurance Agency	Requestor's Florida Company Code or License #: _____ _____ Requestor attests that requestor is authorized to transact business in Florida. (Initial)
<input type="checkbox"/> Attorney	Requestor's Florida Bar Number: _____ _____ Requestor attests that requestor has an agency agreement with a title insurer, (Initial) directly or thorough his or her law firm.

PROPERTY INFORMATION

Parcel ID # (17 digits): ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

Situs Address: _____

By signing below, I certify that I am authorized to access the referenced exempt information pursuant to Florida Statute 28.2221(6)(a), for an authorized purpose of conducting a title search. I acknowledge that making a false attestation will subject me to the penalty of perjury under Florida Statute 837.012. I hereby request that the Property Appraiser release a copy of the unredacted property record card to me.

Signature: _____ Date: _____

STATE OF FLORIDA, COUNTY OF _____ PHYSICAL PRESENCE ONLINE NOTARIZATION

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____, by _____

(Notary Seal)

(Signature of Notary)

____ Personally Known OR Produced Identification: _____
(type of identification)

Return this form via email to
confidential@scpafl.org

or mail to
Seminole County Property Appraiser, Attn: CONFIDENTIAL
1101 E. First Street
Sanford, FL 32771