

**REQUEST TO THE WALTON 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 **WALTON** 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: _____

Describe the lawful purpose for the search: Property transaction Employment verification

Proof of ownership or residency Explain other _____

Identify the individual or property that is the subject of the search: _____

Identify the information that is to be released (name, address, place of employment): _____

A copy of the redacted document is attached to this request.

Signature

Date

STATE OF FLORIDA
COUNTY OF **WALTON**

Sworn to (or affirmed) and signed before me by means of physical presence or online notarization, this ____ day of _____, 20____, by _____.

Personally known to me or who has produced _____ as identification.

(SEAL)

Signature of Notary Public or Deputy Clerk

Print, Type, or Stamp Name of Notary or Deputy Clerk