

REQUEST TO RELEASE EXEMPT INFORMATION
Pursuant to 2019-12, Laws of Florida (section 119.071(4)(d))

I, _____ authorize the Clerk of the Circuit Court to release the below un-redacted documents from the Flagler County official records containing exempt information to _____.

Please indicate method of receipt by authorized party:

_____ Pick up at the Flagler County Courthouse, 1769 E, Moody Blvd. Bunnell, FL
_____ Email - Please provide email address _____
_____ USPO Mail - Please provide mailing address _____
Copies are \$1.00 per page

DOCUMENTS TO BE RELEASED BY CLERK OF THE CIRCUIT COURT

<u>DOCUMENT TYPE</u>	<u>NAME OF DOCUMENT</u>	<u>INSTRUMENT NUMBER</u>	<u>BOOK</u>	<u>PAGE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Notary Acknowledgment

The information provided on this request for release is itself to be kept confidential. The Flagler County Clerk's Office staff may only use the information in order to process my request. I agree to indemnify and hold harmless the Flagler County Clerk of Court and the Clerk's staff for any direct, indirect or consequential claims or damages that may result in connection with this request for release of exempt information.

Signature of Individual: _____ Date: _____

State of Florida
County of _____

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

by _____ Personally known _____ or produced identification _____.

Type of identification produced _____.

Signature of Notary _____