



**Request to Release Confidential Information for Purposes of
Conducting a Title Search**

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

Requestor Information:

Name: _____ Phone Number: _____

Email: _____ (the document will be sent here)

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 #: _____ _____ Requestor attests that requestor has an agency agreement with a title insurer (initial)

Property Information:

Parcel ID #: _____

Property 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: _____

NOTARY ACKNOWLEDGEMENT

State of Florida, County of _____ Physical Presence ___ Online Notarization

Signed and sworn to (or affirmed) and subscribed before me by means of this _____ day of _____, 20____, by _____.

Signature of Notary

(Notary Seal) _____ Personally Known OR ___ Produced Identification: _____

Return this form via email to confidential@scpafl.org OR
Seminole County Property Appraiser, 1101 E First St., Sanford, FL 32771