



CLERK OF THE COURT AND COMPTROLLER
MIAMI-DADE COUNTY

REQUEST FOR CONFIDENTIALITY

This request is being made for confidentiality according to Florida Statutes 119.

Print your name and reason for claiming confidentiality:

I attest that as a _____ I am covered under Florida Statute _____ and hereby request that my (Home Address and/or Social Security Number) _____ be redacted from the

following:

Book _____ Page(s) _____ Book _____ Page(s) _____

Book _____ Page(s) _____ Book _____ Page(s) _____

Book _____ Page(s) _____ Book _____ Page(s) _____

of the Official Records of Miami-Dade County.

The information provided on this request for redaction is to be kept confidential. The information may only be used by the Miami-Dade County Recorder's staff in order to process my request. I agree to indemnify and hold harmless the Clerk of the Court and Comptroller for any and all claims proximately resulting from this request. Furthermore, I affirm that the only document(s) being redacted is/are identified by Book and Page(s) above.

***Must Submit/Present valid work I.D. along with this request.**

Signature and Date

Print Full Name

Address

City State Zip

Telephone

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 _____

Please complete the form(s) with the required information and mail them to the Miami-Dade County Recorder's Office at 22 NW 1st Street, Suite 100, Miami, Florida 33128. Incomplete document(s) will not be processed.

Accepted by: _____ Date: _____

Print Name: _____