



TARA S. GREEN, CLAY COUNTY CLERK OF COURT AND COMPTROLLER

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Release of Exempt Information

(Pursuant to Florida Statute 119.071(4)(d))

Certain records of mine recorded in the Official Records of Clay County, Florida, have exempt information which has been redacted, pursuant to § 119.071, Fla. Stat., I hereby authorize the release of my document(s) in unredacted form to the individual/company listed below:

Name

Email address to send electronically

-OR- Mailing Address

Documents to be released:

Name listed on document Document number or book/page

Name listed on document Document number or book/page

Name listed on document Document number or book/page

Name listed on document Document number or book/page

Name listed on document Document number or book/page

*If additional space is required, provide a supplemental page.

Note Per § 28.24, Fla. Stat., Copy fees are \$1.00 per page, and certification fees are \$2.00 per document.

Signature

Name Printed

Phone number

STATE OF _____

COUNTY OF _____

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

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

Notary Signature

Notary Printed Name

Commission Number: _____ Commission Expiration: _____ (Notary Seal)