



CLERK OF THE CIRCUIT AND COUNTY COURTS 11TH JUDICIAL CIRCUIT
MIAMI-DADE COUNTY

REQUEST FOR CONFIDENTIALITY

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

Print your name and reason you are claiming confidentiality based on the above Florida Statute.

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

_____ of the Official Records of Miami-Dade County.

The information provided on this request for confidentiality is itself to be kept confidential. The information may only be used by the Miami-Dade County Recorder's staff in order to process my request for confidentiality.

I agree to indemnify and hold harmless the Miami-Dade Clerk of Courts 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 above.

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 _____

Complete form(s) with the appropriate information can be mailed or delivered to the Recorder's Office, 22 NW 1st St., 1st Floor, Miami, Florida 33128. Incomplete document(s) will not be processed.

Accepted by: _____ Date: _____

Print Name: _____