



KATRINA SCARBOROUGH, CFA, CCF, MCF OSCEOLA COUNTY PROPERTY APPRAISER

REQUEST TO THE OSCEOLA COUNTY PROPERTY APPRAISER TO RELEASE REDACTED INFORMATION

The request is for:

Title Insurer Title Insurance Agent Title Insurance Agency Attorney

License Number: _____ or Attorney's Florida Bar Number: _____

Parcel Number: _____

Property Address: _____

Basis for request: _____

By signing below, I certify I am authorized to access the referenced exempt information pursuant to 119.071 (4) (d), Florida Statute and hereby request the Osceola County Property Appraiser's Office release a copy of the unredacted document to me.

Requestor's Signature

Date

Notary:

State of Florida, County of _____.

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

this ____ day of _____, 20____ by _____.

Signature of Notary Public- State of Florida: _____

(Print, Type, or Stamp Commissioned Name of Notary Public): _____

Personally known _____, OR Produced identification _____ Type of ID produced/ID# _____

The above affidavit will be mailed to the affected parties.