

REQUEST FOR RELEASE OF EXEMPT INFORMATION

Pursuant to section §119.07 (4)(d)(4), Florida Statutes, I hereby request the following:

() The release of _____ to
 (specify information to be released)

_____. Please provide
 (specify entity/ person to whom information is to be released)

this information by mailing/emailing/fax to _____.
 (specify address/email/fax number)

or

() The release of all of my home information contained within the SCPA database. I no longer choose to have my home information be exempt from public disclosure on the SCPA website.

 Print name

 Address

 Telephone number

 Signature

STATE OF FLORIDA)
) SS
 COUNTY OF _____)

BEFORE ME, the undersigned personally appeared _____, who is personally known to me or who produced _____ as identification, to be the person whose name is subscribed to the within instrument, and acknowledge that he or she executed the same for the purposes therein contained.

SWORN TO AND SUBSCRIBED before me this ____ day of _____, 20__.

 Notary Public

 Name (stamped, printed or typed)
 My commission expires: