



**Office of Nikki Alvarez-Sowles, Esq.  
Pasco County Clerk & Comptroller**

**Official Records Division**

**REQUEST TO RELEASE REDACTED INFORMATION  
PURSUANT TO F.S. 119.071**

*Pursuant to F.S. §119.071(4)(d)(5), in order for a person who is authorized under F.S. §119.071(4)(d)2 request an exemption from official records, the requester must submit a request to the office of the Clerk & Comptroller, and specify the document type, name, identification number, and page number of the official record that contains the exempt information.*

*THIS REQUEST IS TO AUTHORIZE THE RELEASE OF REDACTED RECORDS TO SPECIFIC INDIVIDUALS PURSUANT TO F.S. §119.071(4)(d)4*

I \_\_\_\_\_, previously requested protection of  
(Requestor)

the confidential information listed under F.S. 119.071(4)(d)2 of the following Book/Page  
Numbers:

Book _____ Page _____	Book _____ Page _____
Book _____ Page _____	Book _____ Page _____
Book _____ Page _____	Book _____ Page _____
Book _____ Page _____	Book _____ Page _____

I hereby authorize the **Office of Clerk & Comptroller** to send un-redacted copies of the above listed Book & Page numbers to:

Authorized Party: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OR Email: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Requestor Signature

**ACKNOWLEDGEMENT**

**STATE OF FLORIDA  
COUNTY OF PASCO**

SWORN TO (or affirmed) and subscribed before me by means of \_\_\_\_\_ physical presence or  
online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_.  
Affiant Name

\_\_\_\_\_  
Signature of Notary or Deputy Clerk

SEAL

\_\_\_\_\_  
Print/stamp commissioned name/Notary Public/Commission #

Personally Known or Produced Identification  
(Check One)

Type of ID: \_\_\_\_\_