

Notarized Letter for Email Records Request

Name:	Date of Request:
Case Number:	Department:
	ation you are requesting in the box below and attach a ued ID on a separate sheet and submit along with this
Dated	Signature:
	Printed Name:
	Address:
	City, State, Zip:
	Designated E-mail Address(es):
STATE OF FLORIDA COUNTY OF	
Sworn to or affirmed and signed before me on	by
	NOTARY PUBLIC
Personally known Produced identification Type of identification produced	{Print, type, or stamp commissioned name of notary}