



Disclosure for a Title Examination

To be filed with the Safe at Home division at the Ohio Secretary of State's office.

R.C. 111.431(E)(1)

I, _____, the undersigned,
Applicant's Legal Name

require access to the confidential information for a Safe at Home participant for the purpose of performing a title examination.

Applicant Information

1

Title _____
 Organization _____
 Applicant Address _____
 City/Village _____
 State _____ ZIP _____
 Relationship to Participant (if any) _____

Property Information

2

I request the disclosure of the property record of:
 Participant Name _____
 Property Address _____
 City/Village _____
 State _____ ZIP _____
 Legal Description of Real Property

Purpose

3

Performing a bona fide title examination
 Other _____
please specify

Credentials

4

Do you possess any professional licenses issued by the State of Ohio relevant to performing a title examination? Yes No
 License Name _____
 Issuing Authority _____
 Expiration Date (MM/DD/YYYY) _____

Applicant Affirmation and Signature

5

I agree to keep the above information confidential and will use the information only for the purpose identified in this application.
Applicant's Signature X _____
 Today's Date (MM/DD/YYYY) _____