



# 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) \_\_\_\_\_