



**REQUEST FOR PARTIAL CANCELLATION OF MORTGAGE OF PRIVILEGE
AND RELEASE BY LICENSED FINANCIAL INSTITUTION**
(PURSUANT TO LA. R.S. 9:5172)

STATE OF _____
PARISH OF _____

Be it known, that on this _____ day of _____, 20____;

(Financial Institution)

Herein represented by its undersigned duly authorized officer of officers, declares that it is a Licensed Financial Institution as defined by R.S. 9:5172 et seq., and is the obligee or authorized agent of the obligee for the obligation secured by the mortgage or privilege described as follows:

A mortgage or privilege granted by _____
In favor of _____ Instrument Number: _____
Parish of Recordation: _____ Recording Date: _____

The institution **grants a partial release** of the above-described mortgage or privilege, and does hereby release **ONLY** the following described property from the above-described mortgage or privilege, to wit:
Legal description is as follows or is hereby attached as Exhibit "A":

The institution hereby requests, authorizes, and directs the Clerk of Court and Ex-Officio Recorder of Mortgages for St. Tammany Parish in which the above-described property is situated to release the above-described property from the mortgage or privilege described above and to partially cancel the above-described mortgage or privilege **ONLY AS TO** such described property hereby released from the same.

The institution further expressly declares that the above-described mortgage or privilege is not released or cancelled as to any other property described in such mortgage or privilege, and such mortgage or privilege shall continue to encumber and remain in full force and effect as to all other property described therein. The recorder of mortgages shall not be liable for any damages resulting to any person or entity as a consequence of partially cancelling a mortgage or vendor's privilege pursuant to this form.

CHOOSE ONE OF THE FOLLOWING TWO SIGNATURE OPTIONS

THUS DONE AND SIGNED before me, Notary Public, on the date set forth above

Notary Public: _____	Signature: _____
Printed Name: _____	Name of Officer and Title: _____
ID or Bar Roll Number: _____	Financial Institution: _____
Commission Expires: _____	Title: _____
	Mailing Address: _____
	City: _____ State: _____ ZIP: _____
	Telephone: _____ Email: _____

OR

Signature: _____	Signature: _____
Name of Officer and Title: _____	Name of Officer and Title: _____
Financial Institution: _____	Financial Institution: _____
Title: _____	Title: _____
Mailing Address: _____	Mailing Address: _____
City: _____ State: _____ ZIP: _____	City: _____ State: _____ ZIP: _____
Telephone: _____ Email: _____	Telephone: _____ Email: _____