

Request for Lien Information Liens Office

City Hall Annex 120 Malabar Road SE Palm Bay, FL 32907 Phone: 321-733-3045 Email: liens@pbfl.org

REQUEST FOR LIEN INFORMATION												
Check One:	С	RIGINA	L REQUE	ST		UF	UPDATE REQUEST					
Notice: Updates provided at no charge if performed within 30 days from the original search completion date. Business process days do not include weekends or holidays.												
Date Requeste	ed:		File / Reference Number:							,		
Requested By:												
Telephone Nur	nber:					Fax N						
Email Address	:											
Address:	•											
City:						State	e:	Zip Co	ode:			
NATURE OF INQUIRY												
"One (1) Lot per Form –(COMBINED LOTS MAY BE SUBMITTED ON THE SAME FORM)"												
Legal Descripti	ion: PM	Unit	Subdivision				Lot:		Block:			
Property Addre	ess:											
Parcel Identification Number (for vacant land):												
Property Owner / Seller:												
Name of Buyer				Anticipated Closing Date:								
REQUEST FOR RETURN INFORMATION (Check one below)												
\$60 = Next Day Service / +\$25/additional unit (must be received no later than 3 pm on day of request)												
\$30 = 3 to 6 Business Day Turn Around Service												
\$30 = 3 to 6 Business Day Turn Around Service (Return Time – by 5 pm & subject to staff availability												
RESET FORM CONTENT												
1 of 2												



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***** PLEASE DO NOT WRITE BELOW THIS SECTION *****														
Outstanding Debt Owed to the City of Palm Bay (Contingent upon information available at time of request.*)														
					Amount Due		Payot	f Date		Per Diem				
Code Enforced Lien(s) or Violations					\$				\$	\$				
CEB Number:						In C	Compliar	ice?		Yes		No		
	(Must be in compliance prior to closing date)													
Nuisance Lien(s) or Violations					\$				\$	\$				
	Utilities Bill or Lien(s)					\$								
Se	Service at Property: Water				Sewer		Septic		Well		Solid W	aste		
	Utilities Loa	Itilities Loan Lien(s)				\$				\$	\$			
	Permit(s)					\$				\$	\$			
	Other					\$		\$						
	Special Assessment(s)				\$				\$	<u> </u>				
FOR C&ED DEPARTMENT USE ONLY														
Received By: Date Receiv				/ed:		Date	e Comp	leted:	eted:					
Dollar Amount: \$ Escrow Acco				ount Nui	mber:			Chec	ck	Cas	h			
Location ID: Completed E			Ву:		Phone		Ema	ail	FAX	X				
2 of 2														