



REQUEST FOR RELEASE OF LIEN

Please Mark One:

Utility Bill

Capital Expansion Fees (Impacts)

Assessments

Contribution in Aid of Construction

Lot Mowing

Abatement Cases

Property Address: _____

Strap# _____

Lien information for which you are requesting a release: **(Note: All Information Required)**

O.R. Book _____ Page _____ or Instrument#: (Required) _____

O.R. Book _____ Page _____ or Instrument#: (Required) _____

O.R. Book _____ Page _____ or Instrument#: (Required) _____

Please note: A Copy of the Lien with the Name it was filed under and Dollar Amount must accompany the request. Releases will be done upon written request and after 30 days of receipt of payment.

Incomplete forms will not be processed.

MAIL TO THE FOLLOWING WHO WILL RECORD THE RELEASE:

Name: _____

Address: _____

City/State/Zip Code: _____

Phone#: _____

Email: _____

Please check here if you would prefer to pick up release rather than mail

Fax Request to 239-242-3899