



LIEN RESEARCH AND PAYOFF WORKSHEET

City of Edgewater – Finance Department

P.O. Box 100 · 104 N. Riverside Drive

Edgewater, FL 32132-0100

(386) 424-2400 ext. 1306 · Fax (386) 424-2409

A FEE OF \$30.00 IS REQUIRED FOR ALL RESEARCH

www.cityofedgewater.org

FOR OFFICE USE ONLY

Payment _____

Updated _____

COMPLETED

Date: _____

Initials: _____

ITEMS MARKED WITH AN *MUST BE COMPLETED

PROPERTY INFORMATION

* **PARCEL ID # (short):** _____ * **CLOSING DATE:** _____

* **PROPERTY ADDRESS:** _____ * **DATE REQUESTED:** _____

* **OWNERS NAME:** _____

* **FROM: (company)** _____ **(name)** _____ ***phone #** _____

* **Select method to receive completed form:**

*email address: _____ or *Fax # _____

FINES AND LIENS

Does not Include Utilities

	PER DAY 9P - UT	FINE/citation CF	INTEREST 9Q	RECORDING FEE 9U	TOTAL
CODE ENFORCEMENT:	_____	_____	_____	_____	_____
LOT CLEARING:	_____	_____	_____	_____	_____
NUISANCE ABATEMENT:	_____	_____	_____	_____	_____
ALARM LIEN:	_____	_____	_____	_____	_____
INTEREST GOOD THRU:	_____	_____	_____	_____	_____
				FINES AND LIENS TOTALS:	_____

UTILITY SERVICE

ACCOUNT NUMBER: _____ DEPOSIT: _____

LAST PAYMENT RECEIVED: _____ UTILITIES DUE: (Includes Liens) _____

SERVICE THRU: _____ INTEREST: 9Q _____

NEXT BILL DATE: _____ RECORDING FEES: 9M _____

UTILITY AND FEE TOTALS: _____

INTEREST GOOD THRU: _____ **FINES, LIENS AND UTILITY FEES GRAND TOTAL:** _____

PLEASE ALLOW 3-5 BUSINESS DAYS FOR YOUR REQUEST TO BE COMPLETED

PLEASE RETAIN A COPY FOR YOUR RECORDS

PLEASE NOTE ALL PAYMENTS TO SETTLE LIENS MUST BE SENT TO OUR OFFICE.

City of Edgewater, PO Box 100 Edgewater, FL 32132 overnight: 104 N. Riverside Dr., Edgewater, FL 32132

ON-LINE/PHONE PAYMENTS CANNOT BE PROCESSED TO SATISFY LIENS

PLEASE INCLUDE A COPY OF THIS PAGE WHEN SUBMITTING PAYMENT

cut line

PAYMENT INFORMATION

CHECK #: _____ *Payment must be received prior to research completion.

*Overnight address: 104 N. Riverside Dr., Edgewater, FL 32132

CARD TYPE : VISA ___ MASTERCARD ___ AMERICAN EXPRESS ___ DISCOVER ___

CARD NUMBER: _____ SECURITY CODE: _____ EXP DATE: _____

BILLING ADDRESS* (required): _____

city, state, zip code

By signing below, I hereby authorize the City of Edgewater to charge \$30.00 for the Lien Research for the property described above:

SIGNATURE: _____ **Date:** _____