

City of Satellite Beach  
Attn: Lien Information Request  
565 Cassia Blvd  
Satellite Beach, FL 32937

**Request For  
City Lien Report**

**Instructions**

To better serve you, we ask that you type or neatly print the following information regarding your request for a City Lien Report. Please enclose a check or money order in the amount of **\$25.00** payable to the City of Satellite Beach, for each real property address requested. Mail the completed request and the payment to the above address. No request will be acted upon until the fee is paid.

\*\* City Lien Reports will be in writing and will be sent via fax, unless you request otherwise by checking either Street Address or Email Contact.

**Requestor Information**

Date of Request: \_\_\_\_\_ Proposed Closing Date: \_\_\_\_\_

Company: \_\_\_\_\_

Attn: \_\_\_\_\_

Street Address: ( ) \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Fax Number: \*\* \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Contact: ( ) \_\_\_\_\_  
Check if Preferred

**Real Property Information**

Street Address: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Parcel ID: \_\_\_\_\_

Owner Name(s): \_\_\_\_\_

**For City Use Only**

Amount Enclosed: \$ \_\_\_\_\_ CR #: \_\_\_\_\_

Ck / Money Order #: \_\_\_\_\_ Received By: \_\_\_\_\_

Date Received: \_\_\_\_\_ Date Responded: \_\_\_\_\_