

Completed By:

MIRAMAR FINANCE DEPARTMENT LIEN INQUIRY REQUEST FORM

Date:

Date	9:					
То:	City of Miramar	I	From:			
	Attn: Lien Inquiry	-				
	2300 Civic Center Place Miramar, FL 33025	-				
	mamar, 12 00020	F	Email: Phone: Fax:			
	Phone: (954) 602-3040	F				
	(954) 602-3061 Fax: (954) 602-3650					
		PLEASE COMPLETE	ALL INFORMATIO)N		
Folio	o No:		Indicate if request is	a for a vac	ant lot	
	cipated Closing Date:					
Prop	perty Address:					
Nam	ne of Buyer:	Name o	f Seller:		·	
		For Office Us	se Only:			
	Type of Lien	Lien Date		Amoun	t to Satisfy Lien	
	1 ypo or 2.0	Lion Buto		7 unoun	tto dationy Elon	
Unp	paid Utility Bills for Service 1	hrough: Date:	Α	mount:		
Utili	ity Billing Account #:					
	<u> </u>					
	nquiry Fee of \$105.00 per address/folio #					
	response good for 30 days after date at th			Ū		
	E: Complete all information requested t ped envelope.	o ensure a timely response.	Please return request v	with payment	and include a seir-addressed,	
	LAIMER searches are not processed by Fol	io Numbers or by Ranges	•			
Your I violati	lien request is incomplete without contact ions.	ing the Building Department P	ermit for open building pe	ermits and <u>Cod</u>	e Compliance for open code	
inform	e may be other encumbrances against the nation. Additionally, the City will not be lia correct address or folio numbers. If neces	ble for information that is resea	arched based on inaccura			
Updat	tes are considered a new request, and the	e Requester must pay the lien	inquiry fees.			