



CITY OF ALTAMONTE SPRINGS
 202 Newburyport Avenue | Altamonte Springs, FL 32701
 (407) 571-8119 | Fax (407) 571-8123
 liens@altamonte.org

REQUESTOR INFORMATION:

Date: _____
 Name/Business: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Email: _____
 Property Address: _____
 Parcel ID No.: ____-____-____-____-____-____ Property Owner: _____

| Please check all that apply to your request: | | <u>Fees</u> |
|--|--|----------------|
| Category I: | <input type="checkbox"/> Liens <input type="checkbox"/> Assessments | \$10.00 |
| Category II: | <input type="checkbox"/> Utilities <input type="checkbox"/> Violations (current) <input type="checkbox"/> Code <input type="checkbox"/> Bldg. <input type="checkbox"/> Fire | \$30.00 |
| Category III: | <input type="checkbox"/> Open/Expired Permits <input type="checkbox"/> Certificate of Occupancy | \$60.00 |

If your request includes more than one category, a maximum of \$60 will be charged per building.
 If a parcel contains more than one building, a fee will be applied to each building.

PAYMENT INFORMATION:

Check No. _____ (Attach) Amount Paid/Charged: \$ _____

TO ACHIEVE REGULATORY COMPLIANCE, WE NO LONGER ACCEPT CREDIT CARD INFORMATION VIA EMAIL, FAX OR MAIL. PLEASE CALL (407) 571-8119 TO PROVIDE PAYMENT INFORMATION SO WE CAN BEGIN YOUR REQUEST OR MAIL THIS FORM AND YOUR CHECK TO THE ABOVE ADDRESS.

| <i>For Official Use Only</i> | | | |
|------------------------------|-----------------------------|-----------------------------|--------------------------|
| Date Rec. ____/____/____ | Payment Rec. ____/____/____ | Utility Rec. ____/____/____ | BFSD Rec. ____/____/____ |