

Lien Search Request



100 Smith Ave
PO Box 126
Lake Hamilton, FL 33851

Phone: 863 439-1910
Fax: 863 439-1421

Date:

Property Description

Parcel Identification #:	<input type="text"/>
Address:	<input type="text"/>
State:	<input type="text"/>
Postal Code:	<input type="text"/>
Owner of Record:	<input type="text"/>

<u>Type of Search</u>		
<input type="radio"/>	Same Day	\$40.00
<input type="radio"/>	One Day	\$30.00
<input type="radio"/>	Three Day	\$25.00

Requesting Party Contact Information

Name:	<input type="text"/>
Address:	<input type="text"/>
State/Province:	<input type="text"/>
Zip/Postal Code:	<input type="text"/>
Email Address:	<input type="text"/>
Phone:	<input type="text"/>
Fax:	<input type="text"/>

File Number

Closing

Date: _____

Special Instructions

I hereby request that the Town of Lake Hamilton conduct a search of outstanding liens assessments on the property cited above. I have paid the non-refundable lien search fee. I understand that performance of the lien search will not relieve the requesting party from the responsibility of searching the public records of Polk County, Florida for any and all other liens or other documents recorded by the Town of Lake Hamilton against the property and/or property owner.

Signature:

Date Received:

<u>Building Department</u>	<u>Code Enforcement</u>	<u>Finance Department</u>
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