

# REQUEST FOR LIEN INFORMATION



City of Palm Bay  
 - Liens Office -  
 120 Malabar Road SE Palm Bay, FL 32907  
 Tel. (321) 733-3045 Fax (321) 733-3014  
 Return to: [liens@pbfl.org](mailto:liens@pbfl.org)

**Check One:                      ORIGINAL REQUEST                      UPDATE REQUEST**

*Notice: Updates provided at no charge if performed within 30 days from the original search completion date. Business process days do not include weekends or holidays.*

|                 |  |
|-----------------|--|
| Date Requested: | File / Ref. #  |
| Requested By:   | Telephone: <span style="float: right;">Fax:</span>             |
| Company:        | E-Mail:  |
| Address:        | City: <span style="float: right;">State:      Zip Code:</span> |

**- NATURE OF INQUIRY -**

**“One (1) Lot per Form – (COMBINED LOTS MAY BE SUBMITTED ON THE SAME FORM)”**

Legal Description: PM Unit \_\_\_\_\_ or Subdivision \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Property Address \_\_\_\_\_

Parcel ID# (for vacant land) \_\_\_\_\_

Property Owner/Seller \_\_\_\_\_

Name of Buyer/Purchaser \_\_\_\_\_ Anticipated Closing Date: \_\_\_\_\_

**REQUEST FOR RETURN INFORMATION (Check one below)**

**\$40 = Next day service (must be received by the Lien office no later than 3 pm on day of request)**  
**\$30 = 3 to 6 Business day turn around service**  
**Return Time – by 5 pm & subject to staff availability**

\*\*\*\*\* PLEASE DO NOT WRITE BELOW THIS SECTION \*\*\*\*\*

**Outstanding Debt Owed to the City of Palm Bay (Contingent upon information available at time of request.)\***

|  | Amount Due*                      | Payoff Date   | Per Diem   |
|--|----------------------------------|---|--|
| <input type="checkbox"/> Code Enf. Lien(s) or Violations<br>CEB# _____ | \$ _____<br>In Compliance? _____ | _____<br>YES/NO (Must be in compliance prior to closing date) | \$ _____   |
| <input type="checkbox"/> Nuisance Lien(s) or Violations                | \$ _____                         | _____   | \$ _____   |
| <input type="checkbox"/> Utilities Bill or Lien(s)                     | \$ _____                         | _____   | Service at property: Water/<br>sewer/septic/well/solid waste |
| <input type="checkbox"/> Utilities Loan Lien(s)                        | \$ _____                         | _____   | \$ _____   |
| <input type="checkbox"/> Permit(s) _____                               | \$ _____                         | _____   | \$ _____   |
| <input type="checkbox"/> Other _____                                   | \$ _____                         | _____   | \$ _____   |
| <input type="checkbox"/> Special Assessment(s)                         | \$ _____                         | _____   | \$ _____   |

**FOR FINANCE DEPARTMENT USE ONLY**

Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_ Date Completed : \_\_\_\_\_

**Amount: \$** \_\_\_\_\_ Escrow Acct. #: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_

Location ID#: \_\_\_\_\_ Completed By: \_\_\_\_\_ Returned via: e-Mail \_\_\_\_\_ Pick Up \_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_

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