

REQUEST FOR LIEN INFORMATION
City of Sanibel, Florida
Finance Dept, 800 Dunlop Road, Sanibel, FL 33957
Telephone: 239-472-9615 FAX: 239-472-3065

Date Requested: _____ **One (1) Request per Form**

Person Requesting: _____ Company Name: _____

Address: _____

Telephone #: _____ Fax #: _____

PROPERTY FOR WHICH LIEN INFORMATION IS REQUESTED

STRAP Number: _____

Street Address: _____

Property Owner/Seller: _____

Property Buyer: _____

Property Buyer Mailing Address: _____

Anticipated Closing Date: _____

REQUEST FOR RETURN INFORMATION (please check below, payment must be received with request)

\$30.00 Same day \$25.00 Next working day \$20.00 Two or more Working days

Payment method: Credit card (fill in below) Check (enclosed)

Card Type: VISA Master Card

Name of Card Holder: _____ Expiration Date: _____

Card Number: _____

Billing Address: _____

OUTSTANDING DEBT OWED TO THE CITY OF SANIBEL

\$ _____ Sewer Special Assessment Lien Phase: _____

\$ _____ Other Special Assessment Liens Type: _____

\$ _____ Sewer Service From _____ Through _____

\$ _____ Occupational License Business Name: _____

\$ _____ Code Enforcement Lien Case #: _____

\$ _____ Other Amount Due Purpose: _____

\$ _____ **Grand Total**

REQUEST REPLY AND PAYMENT RECEIPT INFORMATION

Date and Time of Request Receipt: _____

Payment Recorded on Cash Receipt Number: _____

Date and Time FAX Reply Sent : _____ Person Completing Form: _____