



www.cityofedgewater.org

LIEN RESEARCH AND ASSESSMENT PAYOFF WORKSHEET

City of Edgewater – Finance Department
P.O. Box 100 · Edgewater, FL 32132-0100
(386) 424-2400 ext. 1306 · Fax (386) 424-2409

FOR OFFICE USE ONLY	
Payment	_____
Updated	_____
COMPLETED	
Date:	_____
Initials:	_____

A FEE OF \$30.00 IS REQUIRED FOR ALL RESEARCH

ITEMS MARKED WITH AN *MUST BE COMPLETED

PROPERTY INFORMATION

* PARCEL ID # (short): _____	* CLOSING DATE: _____
* PROPERTY ADDRESS: _____	* DATE REQUESTED: _____
* LEGAL DESCRIPTION: _____	
* PRESENT OWNER: _____	* PHONE: _____
* FROM: (company) _____	* FAX: _____
(name)	

CITY ASSESSMENTS

NUMBER OF LOTS: _____	PAVING (Code 9J): _____	SEWER (Code 4L): _____
CONNECTIONS: _____	PAYOFF GOOD THRU: _____	

ASSESSMENTS CAN BE ASSUMED

FINES AND LIENS

Does not Include Utilities

	LIEN 9P - UT	FINE/citation A/R	INTEREST 9Q	RECORDING FEE 9M	TOTAL
CODE ENFORCEMENT:	_____	_____	_____	_____	_____
LOT CLEARING:	_____	_____	_____	_____	_____
ALARM FEE POLICE:	_____	_____	_____	_____	_____
ALARM FEE FIRE:	_____	_____	_____	_____	_____
UNSAFE BUILDING	_____	_____	_____	_____	_____
PAYOFF GOOD THRU:	_____	_____	_____	_____	_____
				FINES AND LIENS TOTALS:	_____

UTILITY SERVICE

ACCOUNT NUMBER: _____	DEPOSIT: _____
LAST PAYMENT RECEIVED: _____	UTILITIES DUE: (Includes Liens) _____
SERVICE THRU: _____	INTEREST / RECORDING FEES: _____
NEXT BILL DATE: _____	UTILITY AND FEE TOTALS: _____

GRAND TOTAL: _____

PAYMENT INFORMATION

CHECK #: _____ *Payment must be received prior to research completion.
 *Overnight address: 104 N. Riverside Dr., Edgewater, FL 32132

CARD TYPE : VISA ___ MASTERCARD ___ AMERICAN EXPRESS ___ DISCOVER ___

CARD NUMBER: _____ SECURITY CODE: _____ EXP DATE: _____

BILLING ADDRESS (required): _____

* **SIGNATURE:** _____ Date: _____

Print _____

PLEASE ALLOW 3-5 BUSINESS DAYS FOR YOUR REQUEST TO BE COMPLETED
PLEASE RETAIN A COPY FOR YOUR RECORDS