

PROPERTY LIEN ACTION APPLICATION FORM

This application form is intended to assist City staff in identifying and fulfilling your request with regard to liens on properties within the City of West Palm Beach.

INSTRUCTIONS:

1. Applicants must fill out and sign the form below.
2. One form is required for each address that requires action/services.
3. Applicants should bring this application into the City's One-Stop-Shop at 401 Clematis Street, first floor.
4. Payment of \$200 fee is due at time of application. (Note: This covers the first 2 hours of inspection and clerical time. Additional fees of \$50/hour may apply.)

Please check only one:

- Lien Reduction** – Request reduction in Code Enforcement liens for properties in full compliance with City codes
- Lien Partial Release** - Request release of liens attached against parcels based upon violations on other properties by same owner
- Lien Conditional Reduction/Release** – Request conditional release of code enforcement liens based upon meeting specific conditions (to be agreed upon). NOTE: This option not available to the owner of the property when the violations occurred. Applicant must be an owner occupant.

PROPERTY LOCATION: Street Address: _____

City: West Palm Beach State: Florida Zip Code: _____

PROPERTY CONTROL NUMBER (PCN): All properties within City limits are assigned PCNs starting with 74
PCNs can be obtained at <http://www.pbcgov.com/propapp>.

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Please provide any relevant information to enable us to assist you in the request:

TYPES OF LIENS INVOLVED: (Check all that apply; Utility Liens and Liens for Abatement may not be reduced.)

- CODE ENFORCEMENT LIEN** **ACCOUNTS RECEIVABLE LIEN**
- UTILITY (WATER) LIEN** **ALL LIENS on property**

APPLICANT CONTACT SECTION

CONTACT NAME: _____ **EMAIL:** _____

COMPANY NAME: _____

CONTACT PHONE NUMBER: _____ **ALTERNATE PHONE #** _____

CONTACT MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

I (we) certify that the above statements submitted herewith are true to the best of my (our) knowledge and belief.

SIGNATURE OF APPLICANT: _____ **DATE:** _____