



# LIEN INQUIRY FORM

Date Submitted: \_\_\_\_\_

**TO:**

City of Anna Maria  
Office of the City Clerk  
P.O. Box 779  
Anna Maria, FL 34216  
Fax: (941) 708-6134

**FROM:**

Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Company: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail or Fax: \_\_\_\_\_

**\*NOTE: Please include all of the information requested below to ensure a timely response!**

All requests must include the payment of \$75.00 for a normal search (3-5 business days) or \$100.00 for an expedited (24-48 hours) search. Requests received after 3:00 p.m. during normal business days, will be processed the following business day. Checks should be made payable to the City of Anna Maria for each address/folio number. Credit card payments will be accepted over the phone, however, a confirming e-mail authorizing such charges will be required prior to processing the request. Limit one address/name per form.

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

Parcel I.D. #/Folio #: \_\_\_\_\_

Legal Description: \_\_\_\_\_

(Lot, Block, and Subdivision)

Name of Owner/Seller: \_\_\_\_\_

Anticipated Closing Date: \_\_\_\_\_

Date Response Requested: \_\_\_\_\_

Request Type:     \$100.00 (24-48 Hours)     \$75.00 (3-5 Business Days)

Type of Property:    \_\_\_\_\_ Residential Single Family    \_\_\_\_\_ Condominium Unit  
\_\_\_\_\_ Commercial Property    \_\_\_\_\_ Multiple Dwelling    \_\_\_\_\_ Vacant Lot/Parcel

Check this box if you are also requesting information on any open/pending Code Enforcement cases for this property.

Check this box if you are also requesting information on any open/pending Building Permits for this property.

Check this box if you are also requesting information on any pending Vacation Rental Applications for this property.

**IMPORTANT:** Attach to this request copies of all recorded liens in favor of the City of Anna Maria against the property. All recorded liens may be found in the Official Records of the Clerk of the Circuit Court of Manatee County.

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Signature

### CREDIT CARD AUTHORIZATION

Cardholder Name (As it appears on the card) \_\_\_\_\_

Company Name: \_\_\_\_\_

Card Type:  Visa  MasterCard  Discover

Card Number: \_\_\_\_\_

CVV# \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

I hereby certify that information provided is accurate and I authorize the City of Anna Maria to charge my credit card. By signing below, I understand that my signature on this form will serve as the authorized signature on the credit card and I agree to pay the fees that are due.

Cardholder's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### DISCLAIMER

Without guarantee, every effort will be made to process this request within 3 to 5 business days from the date of receipt. It is the responsibility of the individual and/or organization making the above inquiry to ensure that all recorded liens are attached to this request. The City's failure to include any recorded lien that is not attached to this request shall not be considered a defect in the City's report. All recorded liens may be found in the Official Records of the Clerk of the Circuit Court of Manatee County.

### \*FOR OFFICE USE ONLY\*

Date Received: \_\_\_\_\_ Date Responded: \_\_\_\_\_

Fee Collected: \$ \_\_\_\_\_  Cash  Check  Credit/Debit Card