



CITY OF CAPE CORAL

REQUEST FOR RELEASE OF LIEN

Please Mark One:

☐

Utility Bill

☐

Capital Expansion Fees (Impacts)

☐

Assessments

☐

Contribution in Aid of Construction

☐

Lot Mowing

☐

Abatement Cases

Property Address: _____

Strap# _____

Lien information for which you are requesting a release: **(Note: All Information Required)**

O.R. Book _____ Page _____ or Instrument#: (Required) _____

O.R. Book _____ Page _____ or Instrument#: (Required) _____

O.R. Book _____ Page _____ or Instrument#: (Required) _____

Please note: A Copy of the Lien with the Name it was filed under and Dollar Amount must accompany the request. Releases will be done upon written request and after 30 days of receipt of payment.

Incomplete forms will not be processed.

MAIL TO THE FOLLOWING WHO WILL RECORD THE RELEASE:

Name: _____

Address: _____

City/State/Zip Code: _____

Phone#: _____

Email: _____

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Please check here if you would prefer to pick up release rather than mail

Email Request to cbслиens@capecoral.gov