



## CITY OF GREEN COVE SPRINGS LIEN REQUEST FORM

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

Requested By: \_\_\_\_\_

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

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

E-mail Address: \_\_\_\_\_

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

Parcel #: \_\_\_\_\_

Please send this form and a \$25.00 Research Fee to:

City of Green Cove Springs

321 Walnut Street

Green Cove Springs, Florida 32043

[building@greencovesprings.com](mailto:building@greencovesprings.com)

If you have any questions, please contact the Development Services Department at 904-297-7500, ext. 3334