

This Section For Office Use Only: Date Received: _____ Payment Enclosed: _____
Application Complete? Yes ___ No ___
Date Partial Release Completed: _____

REQUEST FOR PARTIAL RELEASE OF LIEN

Code Enforcement Case No(s): _____

Property Address: _____

Requesting Party Name: _____

Requesting Party Signature: _____

Title: _____

Firm/Company: _____

Address: _____

City: _____ Zip Code: _____

Phone Number: _____

Fax Number: _____

E-Mail Address: _____

Reason for request: _____

Recording Information for City's Lien: OR Book: _____ Page: _____
(Attach a copy of the recorded document.)

Address of Property for which you need the partial release:
(Attach a copy of the Broward County Property Appraiser's printout.)

Street Address: _____ City: _____

Legal Description: _____

If the property for which you need a partial release is located in Coral Springs, is there an outstanding case and/or lien for this property? Yes _____ No _____

If your response is yes, please provide the Case No(s): _____

If your response is yes, is the property now in compliance? _____

Please be sure to complete this entire form and attach the requested documents before returning it to the Code Enforcement Division.

Enclose payment of \$45.00 for each partial release.

Please allow 10-14 business days for request to be completed.

Return this original form, all required attachments,
and payment to:

City of Coral Springs
Code Enforcement Division
Attn: Partial Release Request
9551 West Sample Road
Coral Springs, Florida 33065