



CITY OF GREEN COVE SPRINGS LIEN REDUCTION REQUEST FORM

Date: _____

Requested By: _____

Company Name: _____

Phone #: _____ Fax #: _____

E-mail Address: _____

Property Address: _____

Parcel #: _____

Original Lien Amount: _____ Requested Lien Amount: _____

Reason for Reduction: _____

Please send this form and a \$50.00 Fee to:

City of Green Cove Springs

321 Walnut Street

Green Cove Springs, Florida 32043

If you have any questions, please contact the City's Code Enforcement Officer at 904-297-7500, ext. 3302 or via email at mgoswami@greencovesprings.com.