



CITY OF GREEN COVE SPRINGS
LIEN RELEASE REQUEST FORM

Date: _____

Requested By: _____

Company Name: _____

Phone #: _____ Fax #: _____

E-mail Address: _____

Property Address: _____

Parcel #: _____

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

City of Green Cove Springs

321 Walnut Street

Green Cove Springs, Florida 32043

building@greencovesprings.com

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