



**REGULATORY AND ECONOMIC RESOURCES
PARTIAL RELEASE OF LIEN REQUEST FORM - CONDOMINIUMS**

This form is to request that a **Partial Release** be done on the below referenced properties. The research portion of the Partial Release request will take approximately **TEN TO TWENTY BUSINESS DAYS** from the date payment is processed and the results are based on the search of:

Unsafe Structures violations, Work Without Permit violations, Expired Permit violations, Minimum Housing violations, Neighborhood violations, Liens recorded for these violations, as well as Contractor Licenses Liens.

Please complete the boxes below with applicable information. Thank you.

Contact Information		
Company Name:		
Your Name:		
Phone Number:		
Fax Number:		
Mailing Address:		
Email Address:		
Property Information		
	Folio Number	Address
Folio Number Without Violations (Unit)		
Please note: The property above must not have any outstanding violations with this department in order to qualify for this Partial Release of Lien		
Folio Number With Violations (Condominium)		

The following items must be submitted along with this application:

- ✓ Letter from HOA stating they are not able to provide any documentation to release them from the lien(s)
- ✓ Copy of the recorded resolution document stating the unit's percentage of responsibility

After submitting application, you will be contacted with the amount that will be required to be paid to process your application. This amount will include \$1,000 (\$500 for preparation of the Partial Release document plus \$250 for Research of each folio) **plus** pro-rated amount. Cashier Check, Money Order or Attorney Trust Account Check should be made payable to **Miami-Dade County** and sent to: Department of Regulatory and Economic Resources, 11805 SW 26 St, Suite 230, Miami, Florida 33175-2464.

If you have any questions, please feel free to contact our office at (786) 315-2777 between the hours of 7:30 am and 4:00 pm Monday thru Friday, or via e-mail at LSPIC@miamidade.gov

Requested by: _____ Date: _____
Signature

Print Name