



ASSESSMENT LIEN SEARCH FORM

TOWN OF FLORENCE

P.O. BOX 2670 FLORENCE, AZ 85132

Phone: 520-868-7508/Fax: 520-868-7501

Date: _____

Escrow Number: _____

Tax Parcel Number: _____

Present Owner: _____

Proposed Owner: _____

Property Address: _____

Contact Name/Agency: _____

Request Payoff in Full: () YES () NO OR Request Amount Due: () YES () NO

***** (To be completed by; TOF Staff) *****

Assessment Number: _____

Original Principal: _____

() Paid in Full () Not Paid in Full

Date Paid in Full: _____

Assessment Paid Current: () Yes () NO

PAYOFF:

AMOUNT DUE:

Assessment Principal: _____

Assessment Principal: _____

Interest (Current): _____

Interest: _____

Interest (To Call): _____

Late Fee: _____

Delinquent Penalty: _____

Delinquent Fees: _____

Admin. Fee (Current): _____

Administration Fee: _____

Admin. Fee (To Call): _____

TOTAL: _____

TOTAL: _____

Good Through: _____

Good Through: _____

PLEASE send buyers information at closing to: Town of Florence

Comments: _____

Town of Florence Employee: _____ Date: _____