



CITY OF GREEN COVE SPRINGS LIEN REDUCTION REQUEST FORM

3/28/2022

Date: _____

Requested By: Marisela and Raul Maldonado

Company Name: Marisela and Raul Maldonado

Phone #: 904-531-6468 Fax #: _____

E-mail Address: mariselamaldonado474@yahoo.com

Property Address: 1124 Houston Street Green Cove Spring , FL 32043

Parcel #: 38-06-26-017960-001-01

Original Lien Amount: \$7,000.00 + \$25/day

Reason for Reduction: Please see attachment

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