



**CITY OF SUNRISE
UTILITY LIEN INTEREST AMNESTY PROGRAM
APPLICATION**

PLEASE PRINT OR TYPE INFORMATION

The information you provide to the City, including any documentation, is considered to be a public record and will be made available to other persons or entities upon request in accordance with Chapter 119, Florida Statutes.

1. CITY OF SUNRISE UTILITY ACCOUNT NUMBER: _____ - _____
2. OWNER/APPLICANT: _____
2. PROPERTY ADDRESS: _____
3. CITY: _____ STATE: _____ ZIP CODE: _____
4. MAILING ADDRESS: _____
5. CITY: _____ STATE: _____ ZIP CODE: _____
6. PHONE NO.: _____ ALTERNATE PHONE NO.: _____
7. LIST ALL ADDITIONAL PROPERTIES YOU OWN OR LEASE THAT RECEIVE UTILITY SERVICE FROM THE CITY OF SUNRISE:

PROPERTY ADDRESS	UTILITY ACCOUNT NUMBER

CERTIFICATION:

(The singular "I" as used herein shall mean the plural "We" if more than one person applies and corresponding verbs and pronouns such as "am/are" shall be construed accordingly to the proper number):

I HEREBY CERTIFY that in accordance with Program guidelines, I am applying for dismissal of all utility lien interest accrued as a result of the delinquent utility charges on the City of Sunrise utility account identified above. I understand that the City of Sunrise will not dismiss any lien interest, nor satisfy the associated municipal claim of lien, until all outstanding utility charges (lien principal) associated with the lien have been paid in full along with a \$100.00 lien satisfaction fee. I further understand that I am not eligible for dismissal of lien interest unless the utility liens and/or outstanding utility charges owed by me on any other City of Sunrise utility account are satisfied prior to or concurrent with the lien on the property that is the subject of this application.

I understand that failure to provide any requested information may result in a delay or determination of ineligibility. I consent to allow the City to request information based upon my application for the purpose of verifying my eligibility.

I understand if I wish to dispute eligibility determinations made by the City, I must submit the dispute in writing to the City's Finance Director. All decisions by the City's Finance Director will be final.

I certify that I have received, read and understand the Program Description and Application and I agree to be bound by the terms and conditions of the Program.

I hereby certify that all information provided on or in support of this Application is true and correct.

Applicant Signature: _____ Date: _____

Print Name: _____

Co-Applicant Signature: _____ Date: _____

Print Name: _____

State of _____

County of _____

Sworn (or affirmed) and subscribed before me, a Notary Public, this ____ day of _____ 201__, by _____ who is either ____ personally known to me, or ____ produced _____ as identification, and who did take an oath.

Seal / Commission Expiration Date: _____

Notary Public Signature _____

Print Notary Name: _____

State of Commission: _____

FOR CITY STAFF USE ONLY:

BCPA Ownership: _____

Property ID No.: _____

Application Receipt By: _____ Date: _____

Delinquency Satisfied: _____ Date: _____

Eligibility Confirmed: _____ Initials: _____

Accrued Interest Amount: \$ _____

Utility Account Search: _____ Initials: _____

Lien Number: _____