

**DISSOLUTION OF UNITY OF TITLE REQUEST  
PROCESSING FEE \$75.00**

**Owner Information:**

PROPERTY OWNER: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_  
 FAX NUMBER: \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_

**Subject Site Information:**

SITE LOCATION ADDRESS: \_\_\_\_\_  
 TAX PARCEL CONTROL NUMBER(S): \_\_\_\_\_  
 \_\_\_\_\_  
 RECORDED UNITY OF TITLE O.R. BOOK: \_\_\_\_\_ PAGE: \_\_\_\_\_  
 DATE UNITY OF TITLE RECORDED: \_\_\_\_\_

DISSOLUTION DESIRED (Example: release all lots, release just one lot etc.):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**SUBMITTAL CHECK LIST:**

	YES	NO
Completed Form	_____	_____
Processing Fee \$75.00 (Check made payable to Indian River County)	_____	_____
Copy of Original Recorded Unity of Title	_____	_____
Survey of all parcels that have any structure on it	_____	_____

**( TO BE COMPLETED BY COUNTY STAFF )**

DATE RECEIVED: \_\_\_\_\_ FEE PAID: \_\_\_\_\_

REVIEWER: \_\_\_\_\_

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_

MEMO TO ATTORNEY'S OFFICE: \_\_\_\_\_