

**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: _____