



REDUCTION OF LIEN APPLICATION

A separate application must be submitted for each lien.

Date:	6/9/25		
Property address:	1215 Boston Ave Ft Pierce, FL 34950		
Owner(s) of record:	National Debt Relief Services, Inc		
Mailing address:	12856 SW 31 st Miramar, FL 33027		
Property tax ID #:	2409 807 0001 000 5		
Original purchase date:	\$119,000	Original purchase price:	04/01/2020
Property is used for:	<input type="checkbox"/> Single Family	<input checked="" type="checkbox"/> Multi-family	<input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Vacant Lot
Name of person requesting reduction:	Anthony Martinez	Relationship to owner(s)	owner
Telephone #:	305 469 4446	E-Mail:	anthonybeachtown
Type of Lien	<input checked="" type="checkbox"/> Building Lien @gmail.com		

TYPE OF FEE	AMOUNT DUE	AMOUNT OFFERED
Daily fine total	\$ _____	\$ _____
Recording Fees	\$ _____	\$ _____
City incurred fees (MAY NOT BE REDUCED)	\$ _____	\$ _____
Administrative Fees	\$ _____	\$ _____
Interest	\$ _____	\$ _____
Penalties	\$ _____	\$ _____
TOTAL AMOUNT	\$ _____	\$ _____

6/9/25

Anthony Martinez

Signature of Owner or Representative

Date

Printed Name



REQUEST FOR REDUCTION OF PENALTY

By completing this form, you are making statements under oath. Failure to be truthful is a violation of Fort Pierce City Code and Florida Statutes pertaining to perjury, which is a felony punishable by up to fifteen (15) years imprisonment.

All requests for a reduction of a lien must comply with the following:

1. All code enforcement liens must be complied prior to the Department accepting the request.
2. The request must be made by the owner. If the request is made by any other interested party, written proof of permission to act on the owner's behalf must be provided.
3. You must provide a copy of your deed. If title was transferred via Special Warranty Deed or Warranty Deed, you are responsible for contacting the guaranteeing party to have the lien addressed.
4. Be specific when completing your statement. If you are claiming medical or financial hardship, attach supporting documentation (i.e. doctor's statement or proof of income). Use extra pages if necessary.
5. Complete the application form and attach to your request. Multiple applications may be submitted with each request.
6. If requesting a hearing, an application fee of \$250.00 per request shall be applied to the Finance Department prior to submitting your request.
7. Requests for reduction of all liens imposed by the City of Fort Pierce are governed by Part 5 of the City's Rules & Regulation for the Special Magistrate. A copy of the rule is attached to the application for your reference. A full copy of the Rules & Regulations can be found on the City's website or can be provided upon request.

Property Address: 1215 Boston Ave Ft Pierce, FL 34950

Parcel ID #: 2409 807 0001 000 5

Property Owner: National Debt Relief Services, Inc.

Mailing Address: 12856 SW 31 ct Miramar, FL 33027

Telephone #: 305 469 4446 Cell Phone #: 305 469 4446

E-Mail Address: anthonybeachtown@gmail.com

Number of Applications: 1

REQUEST FOR REDUCTION OF PENALTY – STATEMENT

I, Anthony Martinez, do hereby affirm that I am the owner of the property identified on this request or have provided proof from the owner to act on his/her behalf. I submit this statement in request for a reduction of the penalty imposed and in support offer the following:

Property has been brought into compliance. We are now able to provide housing to new and old residents of the City of Ft Pierce. My family and I appreciate working with the City of Ft Pierce employees. We are grateful for the opportunity to reduce amount of lien.

PLEASE INITIAL:



I acknowledge that I have been provided a copy of Part 5.4 of the Rules of Procedure for the Special Magistrate.



I am requesting that my application for lien reduction be processed administratively through the Rules of Procedure Sec. 5.4. I understand the requirements to be met and that I waive my right to a hearing before the Special Magistrate.



I am requesting that my application for lien reduction be considered and a determination made by the Special Magistrate

Signature: _____



Date: _____

6/9/25

FOR OFFICE USE ONLY:

RECEIVED DATE:

OWNERSHIP INFORMATION:

Copy of deed provided Proof of proxy YES / NO

REDUCTION TYPE:

Code lien # _____ Nuisance abatement lien # _____ Demolition lien # _____

REQUEST TYPE:

Fast Track Special Magistrate Review / Hearing date: _____