

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
LIEN DISCLOSURE STATEMENT

225-085-05
GENERAL COUNSEL
04/04/2012
Page 1 of 1

Office of the General Counsel, Department of Transportation, 605 Suwannee Street, MS 58, Tallahassee, FL 32399-0458
dotclaims.review@dot.state.fl.us

1. FULL LEGAL NAME: _____
(Please Print Legibly)
2. ADDRESS: _____

3. PLACE OF BIRTH: _____
4. DATE OF BIRTH: _____
5. SOCIAL SECURITY NUMBER: _____

****YOU MUST COMPLETE THIS STATEMENT, CHECK EITHER #6 OR #7, SIGN, AND RETURN TO THE ADDRESS ABOVE ****

6. ☐ There exists one or more prior adjudicated unpaid claim(s) against me that I owe money to the State of Florida or one of its political subdivisions. Please provide the case style, tribunal, and the nature and amount of all adjudicated penalties, fines, fees, victim restitution fund, and other judgments over \$200.00 owed to the State of Florida or one of its political subdivisions for each unpaid claim.

7. ☐ There are no prior adjudicated, unpaid claims against me in excess of \$200.00 that I owe to the State of Florida or one of its political subdivisions.

Signature of Person Filing Statement

Date