

OVERBID STATEMENT OF CLAIM

Application # _____

Pursuant to Florida Statute Chapter 197 and Florida Administrative Code 12D-13.065 the undersigned submits this statement of claim. The undersigned holds a valid lien on the property in the amount of \$ _____. The lien is based on the following:

Signature and Title (if signing on behalf
of a Company, Corporation or Agency)

Printed Name

Company/Corporation/Agency Name

Address

City, State ZIP

Phone Number

State of _____

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____,
20____, by _____, who is personally known to me or who has
produced _____ as identification, and who did (did not) take an oath.

Notary Public Signature
My Commission Expires:

Instructions for completing *Overbid Statement of Claim* form

1. Application number: Fill in the tax deed application number referenced on the Overbid Notice.
2. Amount of lien: Fill in the amount of overbid proceeds that you are requesting.
3. Explain why you are entitled to the overbid proceeds. Attach all documentation to your claim that you want reviewed.
4. Sign the form in front of a notary public. Please indicate if you are making this claim on behalf of an organization or agency.
5. Print your name beneath your signature.
6. If you are signing on behalf of an organization or agency, print the name or the organization or agency name. If you are making this claim as an individual, please fill in "N/A" on this line.
7. Print your mailing address, *including city, state and ZIP code*. If your claim is approved, this is the address that the check will be mailed to.
8. Print your telephone number.
9. The notary public must complete the notary acknowledgment. Make sure that the notary affixes the notary seal and includes their commission expiration date.