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| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 11**SECTION 1: PROJECT INFORMATION** | | | | | | | | | | **COUNTY** | | **ITEM NO.** | | **PARCEL** | | **NAME** | | | |  | |  | |  | |  | | | | **PROJECT NO.** | | **FEDERAL NUMBER** | | | | **PROJECT** | | | |  | |  | | | |  | | | | **SECTION 2: PROPERTY OWNER(S) INFORMATION** | | | | | | | | | | **NAME** | | | | | | **EMAIL** | | | |  | | | | | |  | | | | **ADDRESS:** | | | | | | | | | | **SSN NO.** | **TAX ID NO.** | | **WORK PHONE NO.** | | **HOME PHONE NO.** | | **CELL PHONE NO.** | Is Owner a minor? | |  |  | |  | |  | |  | Yes  No | | **DESIGNATED CONTACT** | | | | | **EMAIL** | | | | |  | | | | |  | | | | | **ADDRESS:** | | | | | | | **PHONE NO.** |  | | Is Owner a State Employee/State Elected Official?  Yes  No | | | | | | | | | | | If yes, provide name of Agency of Employment. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 3: ENCUMBRANCES** | | | | | | | | | | | | | | | | |
| **ENCUMBRANCES**  *(Enter each encumbrance separately below. Use additional sheets as needed.)* | | | | | | | | | | | | | | | | |
| **TYPE** | | | | **RECORDED IN BOOK TYPE** | | **HOLDER NAME** | | | | | |  | Company | |  | Individual |
|  |  | Mortage | |  | |  | | | | | | | | | | |
|  |  | Lis Pendens | | **RECORDED DATE** | | **MAILING/STREET ADDRESS** | | | | | | | | | **CITY** | |
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|  |  | Other *(Explain in Remarks below.)* | |  | |  | |  | |  | | | | |  | |
| **REMARKS** *(Text limited for accurate printing. Use additional sheets as needed.)* | | | | | | | | | | | | | | | | |
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|  |  | Federal Lien | |  | |  | | | | | | | | |  | |
|  |  | State Lien | | **BOOK/PAGE** | | **STATE** | | **ZIP** | | **CONTACT PERSON**  *(If different from Holder Name)* | | | | | **CONTACT PHONE** | |
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| **SECTION 3: ENCUMBRANCES** (*cont.*) | | | | | | | | | | | | | | | | |
| **TYPE** | | | | **RECORDED IN BOOK TYPE** | | **HOLDER NAME** | | | | | |  | Company | |  | Individual |
|  |  | Mortage | |  | |  | | | | | | | | | | |
|  |  | Lis Pendens | | **RECORDED DATE** | | **MAILING/STREET ADDRESS** | | | | | | | | | **CITY** | |
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|  |  | State Lien | | **BOOK/PAGE** | | **STATE** | | **ZIP** | | **CONTACT PERSON**  *(If different from Holder Name)* | | | | | **CONTACT PHONE** | |
|  |  | Other *(Explain in Remarks below.)* | |  | |  | |  | |  | | | | |  | |
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| **SECTION 4: LEASES** | | | | | | | | | | | | | | | | |
| **LEASES**  *(Enter each lease separately below. Use additional sheets as needed.)* | | | | | | | | | | | | | | | | |
| **TYPE OF LESSEE** | | | | **RECORDED IN BOOK TYPE** | | | **LESSEE NAME** | | | | | | | | | |
|  |  | Individual | |  | | |  | | | | | | | | | |
|  |  | Organization | | **RECORDED DATE** | | | **MAILING/STREET ADDRESS** | | | | | | | **CITY** | | |
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|  |  | Government  Agency | | | **BOOK/PAGE** | | **STATE** | | **ZIP** | | **CONTACT PERSON**  *(If different from Lessee Name)* | | | **CONTACT PHONE** | | |
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| **LESSEE TERMS** *(Text limited for accurate printing. Use additional sheets as needed.)* | | | | | | | | | | | | | | | | |
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|  |  | Individual |  | | | |  | | | | | | | | | |
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|  |  | Government  Agency | | **BOOK/PAGE** | | | **STATE** | | **ZIP** | | **CONTACT PERSON**  *(If different from Lessee Name)* | | | **CONTACT PHONE** | | |
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