

IN THE _____ COURT, IN AND FOR MARION COUNTY, FLORIDA

Case Number: _____

Plaintiff

vs.

Defendant

REQUEST FOR JUDGMENT PAYOFF STATEMENT

I, _____, hereby request a Judgment Payoff Statement on the above referenced case number to be calculated through _____ (date payment will be made).

I understand that if I do not make payment **on the date above** a new Request for Judgment Payoff Statement will need to be submitted and any applicable fees for said request will need to be paid prior to the request being processed.

I understand that there is a \$7.00 fee that must be paid at the time that this request is submitted for the Judgment Payoff Statement to be created.

Requestor's Name

Phone Number

Email Address

Submit this signed form to the Civil department of the Clerk's Office via the Portal www.flcourtaccess.com or electronically to CivilDepartment@marioncountyclerk.org.