



**LAKE COUNTY DEPARTMENT OF PUBLIC SAFETY
Fire Rescue Division**



Property Insurance Information Request

Date:*

Contact Information

Requested By:

Phone:

Fax:

Email Address:*

Property Address

Street:*

City:*

ZIP:

Request:*

Request:

**Additional
Information:**

Request Priority:

Return requested information by:

Letterhead

Phone

Other:

Email

Fax

Mail

*** Indicates a required field, please complete.**

Use the buttons below to email or print your request:

You can also download and email to: PSInsuranceRequests@lakecountyfl.gov
315 W. Main Street, Suite 411 P.O. Box 7800 Tavares, FL 32778 Phone 352-343-9458 Fax
352-343-9516 *Lake County Board of County Commissioners* www.lakecountyfl.gov