



NOTICES & LIENS, LLC

7401 Wiles Road
#301
Coral Springs, FL 33067

Toll Free: 866.NTO-LIEN
(686.5436)
Fax: 866.400.0702

REQUEST FOR CLAIM OF LIEN

Please prepare for our representative's signature, a Claim of Lien in accordance with the following information, which you may rely on, and at your customary rates of charge.

1. Date of first furnishing of labor/materials to jobsite by undersigned: _____
2. Date of last furnishing of labor/materials to jobsite by undersigned: _____
3. Our direct customer is : _____
Address: _____
4. The nature of the services, labor and/or materials furnished by us: *(If this is for specially fabricated materials, be sure to seek specific advice.)*

5. Total value of what we furnished *(do not include the value of work not done)* \$ _____
6. Balance owing for what we furnished: \$ _____ *(Do not include costs not directly for improving the property. You may include unpaid finance charges.)*
7. Owner's Name: _____
Owner's Address: _____
Project or Job Name: _____
Specific Job Address: _____
Legal Description: _____
(If more space is needed, attach description)
8. County of the Property/Project: _____
9. A NOTICE TO OWNER was served on (date) _____ *(attached copy, with the certified mail receipts)*

WE HEREBY CERTIFY the above described materials were used, or labor and services were performed, in the improvement of the real property named above; that no waiver or release of lien rights have been executed for the sums claimed; that all the above stated information is true and correct; that a proper license is held for the work claimed by the Lienor; and that if I am not dealing directly with owner, the owner/contractor agreement is for more than \$2500.00.

FIRM NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

EMAIL ADDRESS: _____

SIGNATURE: _____ DATE: _____

PRINTED SIGNATURE: _____

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