



LIEN GUARD

9160 Forum Corporate Parkway Suite 350 Fort Myers, FL 33905 Phone: 630-990-8778 Fax: 630-990-1012

Date _____

1. LIEN CLAIMANT NAME AND ADDRESS

STATE OF INCORPORATION _____ PHONE # _____ FAX # _____

E-MAIL _____

2. GENERAL CONTRACTOR NAME AND ADDRESS

3. SUB-CONTRACTOR NAME AND ADDRESS (IF APPLICABLE)

4. JOBSITE OWNER NAME AND ADDRESS (IF KNOWN)

5. DESCRIPTION OF MATERIALS AND/OR LABOR _____

6. TERMS _____ **7. CONTRACT DATE** _____ **8. CONTRACT AMT \$** _____

9. DATE FIRST SHIP/LABOR _____ **10. DATE LAST SHIP/LABOR** _____

11. PAYMENTS \$ _____ **12. BALANCE DUE (appears on document) \$** _____

JOBSITE ADDRESS: _____

13. BONDING COMPANY NAME AND ADDRESS (IF KNOWN) or attach copy of bond

WE AUTHORIZE LIEN GUARD TO PROCEED WITH THE FOLLOWING ACTION: (PLEASE CHECK ONE)

MECHANICS LIEN _____ RECORDED NOTICE _____ BOND CLAIM _____ MILLER ACT CLAIM _____

LIEN ON FUNDS _____ PRELIMINARY NOTICE _____ PRELIMINARY BOND NOTICE _____

Company policy is seven (7) business days for processing. Our liability, expressed or implied, is limited to the information, dates and addresses provided by the claimant on this form.

SIGNATURE _____

“Please send your new submission and supporting documentation to liens@lienguard.us”

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