

SOUTH FLORIDA CONTRACTOR SERVICES, INC.



7061 W. Commercial Blvd., Suite 5-J, Tamarac, Florida, 33319
(954) 724-4440 • Fax (954) 724-4216
1-800-341-6511 • Fax 1-800-341-9956

REQUEST FOR NOTICE TO OWNER

Please fax or mail additional items with the request that may be helpful for us to process and research your NTO quickly and timely, such as Folio #, Property Control #, Notice of Commencement, Permits, etc.

DATE: _____ NOTICE OF COMMENCEMENT: (Please fax with request) _____

FIRST DATE ON JOB: _____ JOB NO: _____

NAME OF YOUR CUSTOMER: _____

CONTACT NAME: _____ PHONE NUMBER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PROJECT OR JOB NAME: _____ PERMIT: (Please fax with request)

SPECIFIC JOB ADDRESS: _____ CITY: _____

ADDITIONAL JOB INFO: _____ FOLIO #: _____

MATERIAL/SERVICES: _____

LEGAL: LOT _____ BLOCK _____ PLAT BOOK _____ PAGE _____ N.O.C. _____
(if available)

SUBDIVISION: _____

SECTION _____ TOWNSHIP _____ RANGE _____ O.R. BOOK _____ PAGE _____

GENERAL CONTRACTOR'S NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

BONDING COMPANY: _____ BOND #: _____ PROJECT #: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

OWNERS NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

Please prepare and attempt to serve a notice to owner by certified mail, return receipt requested, based on the information we have furnished above. Where you are able to determine that additional copies of the Notice to Owner should be served, please attempt to serve the additional copies by certified mail. We understand that, aside from the information we have furnished, you may or may not be able to determine who to send copies to.

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YOUR COMPANY NAME: _____ PHONE: _____

AUTHORIZED SIGNATURE: _____ FAX: _____

PRINT NAME: _____ DATE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____