

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 CLAIM OF LIEN

Please type 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 from legal counsel.)

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 interest, or costs not directly for improving the property, or service charges.)

7. Job name, address, or copy of notice to owner, if in privity, legal description:

8. NOTICE TO OWNER was served (attach copy, with copy of certified mail cards.)

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 the owner, the owner or contractor agreement is for more than \$2,500.00.

Corporate Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Officer's Signature: _____ Date: _____

Printed Name: _____ Title: _____