

MID STATE NOTIFIER INC

WWW.MIDSTATENOTIFIER.COM

19 NW 8 ST, OCALA, FL 34475, 352-861-9100 TOLL FREE 866-703-9100 FAX 732-9979

NOTE: Due to the high volume of storage, we will maintain and store records in our warehouse for a period of 2 years. If you have any need for the Notice to Owners, Proof of Service or Claim of Liens, it is your responsibility to notify us and obtain these records to avoid being destroyed.

CLAIM OF LIEN – NOTICE OF NONPAYMENT WORKSHEET FORM (Basic Information for Processing a Claim of Lien/Notice of Nonpayment)

TODAY'S DATE _____ NTO DATE _____

OWNER'S NAME _____

PROJECT ADDRESS _____

LEGAL DESCRIPTION _____

DESCRIPTION OF WORK _____

DATE OWNER RECEIVED CERTIFIED _____
(INFORMATION WILL BE PROVIDED BY ME IF I DID THE NTO)

FIRST DATE ON THE JOB _____ LAST DATE ON THE JOB _____

CONTRACT AMOUNT _____ AMOUNT OWING _____

YOUR INFORMATION:

NAME OF COMPANY _____

ADDRESS _____ CITY/ZIP _____

PHONE & FAX _____ CONTACT PERSON _____

REPRESENTATIVE THAT WILL HAVE THEIR NAME SIGNED/NOTARIZED ON LIEN

(IT IS NOT NECESSARY TO NOTARIZE THIS FORM)