

MECHANIC'S LIEN FORM

State of _____

County of _____

Claimant Information

Name of Claimant (Contractor/Supplier): _____ [Your Name]

Address of Claimant: _____ [Your Address]

Contact Information (Phone/Email):

_____ [Your Phone Number]

_____ [Your Email Address]

Property Information

Address of Property: _____ [Property Address]

Name of Owner (Reputed Owner): _____ [Property Owner Name]

Project Information

Brief Description of Work Performed: _____

Dates Work Performed: _____ [Start Date] - _____ [End Date]

Contract Price (if applicable): _____ \$[Amount]

Amount Claimed

Total Amount Due: _____ \$[Amount Owed]

Itemized Breakdown (Optional): _____

[materials and labor costs].

Statement of Claim

I, _____ [Your Name], hereby claim a lien for labor and/or materials furnished for the improvement of the aforementioned property for the amount of money above-mentioned.

Signature

_____ [Your Signature]

Printed Name: _____ [Your Typed Name]

Date: __ of _____, 20__ [Date]