

LIEN GUARD, INC.

1000 Jorie Blvd. Ste. 270, Oak Brook, IL 60523 • P: 630.990.8778 • F: 630.990.1012 • lienguard@aol.com • www.lienguardinc.com

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, INC. TO PROCEED WITH THE FOLLOWING ACTION: (PLEASE CHECK ONE)

MECHANICS LIEN _____	RECORDED NOTICE _____	BOND CLAIM _____
DEMAND NOTICE _____	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 _____