

CLAIM OF LIEN CHECKLIST

FILE NAME: _____ FILE NO. _____

CLAIMANT:

Name: _____
Business: _____
Address: _____
Telephone No. _____

DEBTOR:

Name: _____
Business: _____
Address: _____
Telephone No. _____

LIEN INFORMATION:

Address of Property
To be liened _____
Owner of property
(If other than debtor) _____

First day claimant
provided services or
materials: _____
Last day claimant
provided services or
materials: _____
Total amount due
to claimant by
debtor for services
or materials _____