



LienMaster®

Consultants to the Construction Industry

# LIEN & BOND PROTECTION FORM

Please proceed with (check one or more of the following):

- Preliminary Notice/Intent to Lien Is account past due?  Yes  No
- Mechanic's Lien and/or Bond Claim, Stop Notice, Miller Act
- Investigate Lien/Bond Rights
- Collection and/or Legal Action (at Reduced Rates)

# PAGES FAXED \_\_\_\_\_

Date \_\_\_\_\_ Project Location \_\_\_\_\_ (State)

## A. CLAIMANT INFORMATION:

- Your company's exact corporate name: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_
- Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ State of incorporation: \_\_\_\_\_
- Your Customer's Name: \_\_\_\_\_ Your Reference No. \_\_\_\_\_  
*(Complete address & telephone number on appropriate line below under "Project Information.")*

## B. MATERIAL OR LABOR INFORMATION:

- Did you furnish:  material  labor  both      2. Date of P.O./Contract \_\_\_\_\_
- Brief description of what your company furnishes: \_\_\_\_\_
- Actual and/or estimated dates materials/labor has or will be furnished: (For TX, provide statement of account)  
First \_\_\_\_\_ Last \_\_\_\_\_ Ongoing?  Yes  No
- Total Invoices: \_\_\_\_\_ Amt. Paid: \_\_\_\_\_ Balance: \_\_\_\_\_

## C. PROJECT INFORMATION: private public commercial residential (please check all that apply)

- Project (jobsite) Name: \_\_\_\_\_  
Address: \_\_\_\_\_
- Project Owner/Lessee \_\_\_\_\_ Tel.: \_\_\_\_\_  
Address \_\_\_\_\_
- Gen. Contr./Const. Mgr.: \_\_\_\_\_ Tel.: \_\_\_\_\_  
Address: \_\_\_\_\_
- Subcontractor: \_\_\_\_\_ Tel.: \_\_\_\_\_  
Address: \_\_\_\_\_
- Sub-subcontractor: \_\_\_\_\_ Tel.: \_\_\_\_\_  
Address: \_\_\_\_\_
- Construction Lender: \_\_\_\_\_ Tel.: \_\_\_\_\_  
Address: \_\_\_\_\_
- Bonding Co./Agent: \_\_\_\_\_ Tel.: \_\_\_\_\_  
Address: \_\_\_\_\_  
Bond No. \_\_\_\_\_ Project No. \_\_\_\_\_

## D. MISCELLANEOUS:

- Please attach any of the following if available to you:  Statement/Invoices  Preliminary Notices  Proof of Delivery  
 Contract/Purchase Order  Copy of Bond  Notice of Commencement
- The undersigned authorizes the filing of a Lien or Claim on behalf of the said claimant. It is the responsibility of the undersigned to ensure accuracy of information and sufficient time allowance for filing. LienMaster or local counsel are not responsible for any inaccurate information provided, lack of information, or insufficient time allowance for filing.

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature of authorized agent for Creditor*

Please print name and title: \_\_\_\_\_

**PLEASE MAIL OR FAX THIS FORM TO INITIATE ACTION**

23230 Chagrin Blvd., Bldg. 3, #940 • Cleveland, Ohio 44122  
Telephone: (216) 464-6700 • Facsimile: (216) 464-3840  
[www.lienmaster.com](http://www.lienmaster.com)

*LienMaster® is a division of Master Credit Consultants, Inc.*