



**NOTICE OF COMMENCEMENT**

5655 Lake Acworth Drive, Suite 310  
Acworth, GA 30101

770-926-2790  
FAX 770-926-2512

**Property Owner** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Person other than owner at whose instance the improvements are being made.  
If Applicable

**Name** \_\_\_\_\_

Address \_\_\_\_\_ Suite # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please indicate if you  
are not the G.C.

**General Contractor** \_\_\_\_\_

Address \_\_\_\_\_ Suite # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Project Name** \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Legal Description (send copy if available)** \_\_\_\_\_

**Providing a copy of the legal description will reduce your filing fee, especially for outlying counties.**

**Surety or Payment Bond by** \_\_\_\_\_

Address \_\_\_\_\_ Suite # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Construction Lender** \_\_\_\_\_

Address \_\_\_\_\_ Suite # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your Company Name \_\_\_\_\_ Contact \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I authorize Lien Filers, Etc. of Heath W. Williams, LLC to file a Notice of Commencement on the above mentioned property/project and payment for services rendered.  
Client grants Lien Filers a limited power of attorney to sign their name for this document.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_