



NOTICE OF COMMENCEMENT

5655 Lake Acworth Dr. NW, Suite 310
Acworth, GA 30120

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) _____

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 _____