



REQUEST TO FILE A CLAIM OF LIEN

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

770-926-2790
FAX 770-926-2512

Your Company Name _____ Contact _____

Address _____ City _____ State _____ Zip _____

Phone# _____ Fax# _____

Jobsite or Subdivision Name _____ Lot# _____ Section _____

Address _____ County _____

City _____ State _____ Zip _____

Who hired your company? _____

provide EXACT company name — THIS IS VERY IMPORTANT to list the proper party or your lien rights may be affected

Address _____ Apt. or Suite # _____

City _____ State _____ Zip _____

Property Owner's Name _____

Address _____ City _____ State _____ Zip _____

General Contractor's Name _____

if different from the company you contracted with

Address _____ Suite # _____

City _____ State _____ Zip _____

Last date regular work performed _____ Notice to Contractor Filed? YES NO

must be within 90 days Date Notice Filed _____

Total Outstanding _____
Please do not include lien fees as this will invalidate the lien under Ga. Law.

I authorize Lien Filers, etc. of Heath W. Williams, LLC to file a lien on the above-mentioned property/project and payment for services rendered. We are in substantial compliance within the terms of our contract/agreement and lien waivers have not been executed. All of the information supplied is true, accurate and correct for a legitimate debt that is owed on this jobsite. Client grants Lien Filers etc. of Heath W. Williams, LLC a limited power of attorney to sign their name for this lien or cancellation.

Signature _____ Title _____ Date _____

Print name _____

Cancellation request

Please cancel this lien _____

Signature _____ Date _____