

MECHANIC'S LIEN REQUEST FORM

TO: INLAND PRELIM SERVICES, INC.

PHONE: 909-419-5393

DATE OF REQUEST: _____

www.inlandprelim.com

sarah@inlandprelim.com

FROM: _____
NAME

YOUR: _____
CUSTOMER NAME

PRELIM # _____
(ATTACH COPY OF PRELIM)

DATE OF PRELIM: _____

Allow 7 days after receipt of request form to prepare/process your mechanic lien's and send to the appropriate recorders office. Allow 3 weeks for the conformed copy to be returned.

JOB NAME: _____

JOB ADDRESS: _____

(CITY)

(STATE)

(ZIP CODE)

THE LAST DAY YOU SUPPLIED MATERIAL/LABOR TO JOB WAS?

MUST BE WITHIN 90 DAYS FROM DATE LISTED TO FILE A

DATE

MECHANIC'S LIEN

TOTAL AMOUNT OF CONTRACT: \$ _____

AMOUNT OF WORK COMPLETED: \$ _____

AMOUNT THAT HAS BEEN PAID: \$ _____

AMOUNT NOW OWED: \$ _____

WHEN IT BECAME DUE: _____

YOUR SIGNATURE

TITLE

DATE