

ASSURANCE LIEN SERVICES, LLC.

www.lienservice.com

FAX/EMAIL REQUEST FOR CONSTRUCTION LIEN

Part I - Request							
1. To: (lien service) (801) 520-4500 Assurance Lien Services, LLC. Attn: Kelly Silvester P. O. Box 160083 Clearfield, Utah 84016 Fax (801) 383-4519/kelly@lienservice.com				2. From: (your company name) Address: Phone Fax			
3. Your name: Email (required)			4. Title:			5. Date Sent:	
6. Name & Address of your customer: (who owes you money)			r: 7.	Name of the Owner		8. Name of the	e General
Part II – Property Information							
9. Property Street Address (job address):					10. County		
11. SCR Filing #		12. Parcel # (from S		SCR filing)	13. Lot/Subdivision: (if available)		available)
14. Legal Description (if known):							
Part III – Lien Information							
15. First Day of Delivery of Materials/Work (when did you start)			(when did	16. Last Day of Delivery of Materials/Work: (when did you finish your part)			
				int (Include at ien & release)	19. Description of materials or labor provided:		
	19. 90^{th} day or 180^{th} : (last day to lien)			20. Lien by want it by)	20. Lien by: (ie ASAP or when you want it by)		

P. O. Box 160083 Clearfield, Utah 84016 Phone (801) 520-4500

Send to Email & Fax: Kelly@lienservice.com Fax (801) 383-4519 CELL (801) 520-4500