



**ASSURANCE LIEN  
SERVICES, LLC.**

*www.lienservice.com*

**REQUEST FOR LIEN RELEASE**



Requested By \_\_\_\_\_

Date \_\_\_\_\_

Lien was filed on \_\_\_\_\_

Recorded Entry # \_\_\_\_\_

County \_\_\_\_\_

Your Customer's Name \_\_\_\_\_

Account & Invoice #(if necessary for your records)

Attach A Copy of the Recorded Lien (if available)

P. O. Box 160083 Clearfield, Utah 84016 Phone (801) 839-7905  
Send to Email & Fax: [allrequests@lienservice.com](mailto:allrequests@lienservice.com) Fax (801) 383-4519