



ASSURANCE LIEN SERVICES, LLC.

www.lienservice.com

REQUEST FOR PRELIMINARY NOTICE (other states)

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		2. From: (your company name) Address: Phone Fax
3. Your name: Email (required)	4. Title:	5. Date Sent:
6. Name & Address & Phone of your customer: (who owes you money)	7. Name of the Owner	8. Name of General
Part II – Property Information		
9. Property Street Address (job address):		10. City
11. County/State	12. Parcel # (if available)	13. Lot/Subdivision: (if available)
14. Legal Description (if known):		
Part III – Project		
15. Date of First Work	16. Type of Work provided	17. Is Job Completed?
18. Partial Payment (put amounts paid) \$	19. Any Amount Offsets? (put offset amounts) \$	20. Amount Still Owed \$

P. O. Box 160083 Clearfield, Utah 84016

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