

# Lienguard, Inc.

1000 JORIE BLVD. SUITE 270 OAK BROOK IL 60523 (630) 990-8778 FAX (630) 990 - 1012  
E-MAIL ADDRESS: LIENGUARD@AOL.COM

DATE \_\_\_\_\_

1. LIEN CLAIMANT NAME AND ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF INCORPORATION \_\_\_\_\_ PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

E-MAIL \_\_\_\_\_

2. GENERAL CONTRACTOR NAME AND ADDRESS

\_\_\_\_\_  
\_\_\_\_\_

3. SUB-CONTRACTOR NAME AND ADDRESS (IF APPLICABLE)

\_\_\_\_\_  
\_\_\_\_\_

4. JOBSITE OWNER NAME AND ADDRESS (IF KNOWN)

\_\_\_\_\_  
\_\_\_\_\_

5. DESCRIPTION OF MATERIALS AND/OR LABOR

\_\_\_\_\_

6. TERMS \_\_\_\_\_ 7. CONTRACT DATE \_\_\_\_\_ 8. CONTRACT AMT \$ \_\_\_\_\_

9. DATE FIRST SHIP/LABOR \_\_\_\_\_ 10. DATE LAST SHIP/LABOR \_\_\_\_\_

11. PAYMENTS \$ \_\_\_\_\_ 12. BALANCE DUE (appears on document) \$ \_\_\_\_\_

JOBSITE  
ADDRESS: \_\_\_\_\_

\_\_\_\_\_

13. BONDING COMPANY NAME AND ADDRESS (IF KNOWN) or attach copy of bond

\_\_\_\_\_  
\_\_\_\_\_

WE AUTHORIZE LIENGUARD INC. TO PROCEED WITH THE FOLLOWING ACTION: PLEASE CHECK ONE:

MECHANICS LIEN _____	RECORDED NOTICE _____	BOND CLAIM _____
DEMAND NOTICE _____	MILLER ACT CLAIM _____	LIEN ON FUNDS _____
PRELIMINARY NOTICE _____	PRELIMINARY BOND NOTICE _____	

Company policy is seven (7) business days for processing. Our liability, expressed or implied, is limited to the information, dates and addresses provided by the claimant on this form.

SIGNATURE \_\_\_\_\_