



ASSURANCE LIEN SERVICES, LLC.

www.lienservice.com

FAX/EMAIL REQUEST FOR MECHANIC'S 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)	7. Name of the Owner	8. Name of the General
Part II – Property Information		
9. Property Street Address (job address):		10. County
11. SCR Filing #	12. Parcel # (from SCR filing)	13. Lot/Subdivision: (if available)
14. Legal Description (if known):		
Part III – Lien Information		
15. First Day of Delivery of Materials/Work (when did you start) _____		16. Last Day of Delivery of Materials/Work: (when did you finish your part) _____
17. Exact amount due: (Principal amount only) \$ _____	18. Lien Fee Amount (Include at least \$200.00 for lien & release) \$ _____	19. Description of materials or labor provided:
19. 90 th day or 180 th : (last day to lien)		20. Lien by: (ie ASAP or when you want it by)

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

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