

Space above reserved for use by Recorder's Office

When recorded, mail to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Recording requested by: \_\_\_\_\_

Document Prepared by:

Name \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

## CLAIM OF LIEN

**Warning! This legal document reflects that a construction lien has been placed on the real property listed herein. Unless the owner of such property takes action to shorten the time period, this lien may remain valid for one year from the date of recording, and shall expire and become null and void thereafter unless legal proceedings have been commenced to foreclose or to discharge this lien.**

State of Florida

County of \_\_\_\_\_

I, \_\_\_\_\_, being duly sworn, state the following:

In accordance with an agreement to provide labor, services and/or material, I did furnish the following:

on the following described real property located in \_\_\_\_\_ County, State of Florida,

commonly known as:

and legally described as:

which property is owned by \_\_\_\_\_, whose address is

\_\_\_\_\_ ,

of a total value of \$ \_\_\_\_\_, of which there remains unpaid \$ \_\_\_\_\_ ,

and I further state that I furnished the first of the items on the date of \_\_\_\_\_ ,

and the last of the items on the date of \_\_\_\_\_ .

I hereby, under the laws of the State of Florida, claim a lien against the above-described property in the amount of money, stated above, which remains unpaid to me.

\_\_\_\_\_  
Signature of Person Claiming Lien

\_\_\_\_\_  
Name of Person Claiming Lien

Address of person claiming lien: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State of Florida

County of \_\_\_\_\_

On \_\_\_\_\_ (date), \_\_\_\_\_ (claimant),  
came before me personally and, under oath, stated that he/she is the person described in the above  
document and he/she signed the above document in my presence.

\_\_\_\_\_  
Notary Signature  
Notary Public, In and for the County of \_\_\_\_\_  
State of Florida

Seal

### CERTIFICATE OF MAILING

I, \_\_\_\_\_, certify that on this date, \_\_\_\_\_, I  
have mailed a copy of this Claim of Lien by USPS certified mail, return receipt requested, in  
accordance with Florida law, to:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Mailing Claim of Lien

\_\_\_\_\_  
Name of Person Mailing Claim of Lien