

RECORDING REQUESTED BY:

NAME _____

AND WHEN DELIVERED MAIL TO:

NAME _____

STREET ADDRESS _____

CITY, STATE & ZIP CODE _____

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Space above this line for Recorder's use

STATE OF CALIFORNIA MECHANIC'S LIEN

(Claim of Lien – Civil Code Section 3084)

The undersigned, _____
(FULL NAME OF PERSON OR FIRM CLAIMING MECHANIC'S LIEN – CONTRACTORS. USE NAME EXACTLY AS IT APPEARS ON CONTRACTOR'S LICENSE)

referred to in this Claim of Lien as the Claimant, claims a mechanic's lien for the labor, services, equipment and/or materials described below, furnished for a work of improvement upon that certain real property located in the City of _____ County of _____, State of California and described as follows: _____

(DESCRIPTION OF PROPERTY WHERE THE WORK AND/OR MATERIALS WERE FURNISHED. ALTHOUGH THE STREET ADDRESS ALONE IS SUFFICIENT, IT IS RECOMMENDED TO GIVE BOTH THE STREET ADDRESS AND LEGAL DESCRIPTION.)

After deducting all just credits and offsets, the sum of \$ _____
(AMOUNT OF CLAIM DUE AND UNPAID)

together with interest thereon at the rate of _____ percent per annum from _____ is due
(DATE WHEN AMOUNT OF CLAIM BECAME DUE)

Claimant for the following labor, services, equipment and/or materials furnished by Claimant:

GENERAL DESCRIPTION OF THE WORK AND/OR MATERIALS FURNISHED

The name of the person or company by whom Claimant was employed, or to whom Claimant furnished the labor, services, equipment and/or materials is _____

(USUALLY NAME OF PERSON OR FIRM WHO CONTRACTED WITH CLAIMANT, OR ORDERED FROM THE CLAIMANT)

The name(s) and address(es) of the owner(s) or reputed owner(s) of the real property is/are:

(THIS INFORMATION CAN BE OBTAINED FROM THE COUNTY ASSESSOR'S OFFICE WHERE THE REAL PROPERTY IS LOCATED)

Name of Claimant _____
(NAME OF PERSON OR COMPANY CLAIMING LIEN)

Executed on _____ at _____
(DATE) (I.E. STREET ADDRESS, CITY, AND STATE WHERE YOU ARE WHILE FILLING IN THIS FORM)

by _____
(PRINT NAME) (SIGNATURE)

VERIFICATION

I, the undersigned, say: I am the _____, for _____,
(SIGNOR'S RELATIONSHIP TO CLAIMANT) (NAME OF CLAIMANT)

the Claimant named in the foregoing claim of mechanic's lien; I am authorized to make this verification for the claimant; I have read the foregoing claim of mechanic's lien and know the contents thereof and the same is true to my own knowledge. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____ at _____
(DATE) (I.E. STREET ADDRESS, CITY, AND STATE WHERE YOU ARE WHILE VERIFYING THIS FORM)

By _____
(PRINT NAME) (SIGNATURE)