

NOTICE OF LIEN CLAIM

PURSUANT TO SECTION 570-102 -- COMPILED LAWS OF 1948.

This information is required by Act 187 of 1905, as amended, for reimbursement for services.

INSTRUCTIONS: Complete this form and forward it to Contract Services Division, Michigan Department of Transportation, 425 W. Ottawa St., ID Mail Code B225, P.O. Box 30050, Lansing, MI 48909. Retain a copy of this for your files.

CLAIMANT NAME	CLAIMANT PHONE NO.
CLAIMANT ADDRESS	CLAIMANT FAX NO.
MATERIAL OR WORK FURNISHED	

		LAST DATE FURNISHED
MDOT CONTRACT ID NUMBER	AMOUNT OF CLAIM \$	<input type="checkbox"/> NEW <input type="checkbox"/> REV.

SUBCONTRACTOR	PHONE NO.
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ADDRESS

CONTRACTOR	PHONE NO.
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ADDRESS

The undersigned relies upon the security of the bond given to you by such principal contractor for securing the payment of subcontractors and for the payment for labor performed and materials and supplies furnished in the construction of such project.

CLAIMANT SIGNATURE	DATE
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