



LIEN RELEASE REQUEST FORM

Date _____

Customer: _____

Job: _____

Ph #: _____

Fax #: _____

Email: _____

PARTIAL THRU _____

FINAL _____

The following invoices need to be paid before a Lien Release can be given:

Invoice #	Amount	Invoice #	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- Please fax a copy of the check and mail the original.
- Please note to receive a Final Release payment must be received first. Please contact if exchange is necessary.