

CONTRACTOR'S DECLARATION TO PROCURE PAYMENT

(SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS)

FROM: _____
(Name Of Person Or Firm Making Declaration)

PROJECT: _____
(Name of Project)

(Street Address)

(Address of Project)

(City, State, Zip)

(City, State and Zip)

TO: _____
(Name Of Person Or Firm To Whom Declaration Is Made)

(Street Address)

(City, State, Zip)

DECLARATION

(This is not a Lien Release)

The following is a complete list of all persons and firms who have furnished subcontract work, equipment or materials to the above named firm for the project described above. Full payment for all such work, equipment and materials supplied to date has been made except as otherwise stated below.

I declare under penalty of perjury that the above statement is true and correct.

Signed on _____, 20____, at _____, California.

(Date)

(City)

(Signature of individual who is making declaration)

_____ (Name of Subcontractor or Supplier)	_____ (Type of Work or Materials Furnished)		RELEASE ATTACHED	
_____ (Address)	_____	\$ _____ (Amount Unpaid — If Full Payment Has Been Made, Write "None")	FULL	CONDITIONAL
_____ (State, City, Zip Code)	_____		<input type="checkbox"/>	<input type="checkbox"/>

_____ (Name of Subcontractor or Supplier)	_____ (Type of Work or Materials Furnished)		RELEASE ATTACHED	
_____ (Address)	_____	\$ _____ (Amount Unpaid — If Full Payment Has Been Made, Write "None")	FULL	CONDITIONAL
_____ (State, City, Zip Code)	_____		<input type="checkbox"/>	<input type="checkbox"/>

_____ (Name of Subcontractor or Supplier)	_____ (Type of Work or Materials Furnished)		RELEASE ATTACHED	
_____ (Address)	_____	\$ _____ (Amount Unpaid — If Full Payment Has Been Made, Write "None")	FULL	CONDITIONAL
_____ (State, City, Zip Code)	_____		<input type="checkbox"/>	<input type="checkbox"/>

CONTINUE ON REVERSE IF NECESSARY