

NORTH FLORIDA NOTIFIER LLC  
3100 UNIVERSITY BLVD. S., #107  
JACKSONVILLE, FLORIDA 32216  
(904) 725-8558 FAX (904) 725-8559

Please prepare and attempt to serve Lien based on the information we have furnished below. We agree to waive all claims against NFN for damages and/or loss which may be caused by an act, negligence, mistakes and/or inadvertence committed by NFN, its officers, or employees in connection with the preparing and forwarding of this Lien on our behalf. We further assume the risk of all acts enumerated above and waive any and all rights and remedies at law or in equity it may have for breach of this agreement with NFN.

## LIEN INFORMATION FORM

DATE: \_\_\_\_\_

COUNTY WORK PERFORMED IN: \_\_\_\_\_

NAME OF PERSON TO SIGN LIEN:

\_\_\_\_\_

POSITION WITH COMPANY:

\_\_\_\_\_

YOUR COMPANY'S NAME: \_\_\_\_\_

\_\_\_\_\_

YOUR COMPANY'S ADDRESS: \_\_\_\_\_

\_\_\_\_\_

LABOR, MATERIALS OR SERVICES YOU PROVIDED: \_\_\_\_\_

NAME AND ADDRESS OF FIRM/PERSON YOU CONTRACTED WITH: \_\_\_\_\_

\_\_\_\_\_

JOB NAME AND ADDRESS: \_\_\_\_\_

\_\_\_\_\_

OWNER'S NAME AND ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TOTAL VALUE OF YOUR CONTRACT \$ \_\_\_\_\_ UNPAID \$ \_\_\_\_\_

FIRST DAY ON JOB: \_\_\_\_\_ LAST DAY ON JOB: \_\_\_\_\_

DATE NOTICE TO OWNER SERVED: \_\_\_\_\_

METHOD USED TO SERVICE NOTICE TO OWNER: \_\_\_\_\_

YOUR PHONE NUMBER: \_\_\_\_\_

YOUR SIGNATURE: \_\_\_\_\_