



Contact us: 813-390-3990 | ezntotmartinez@gmail.com

## CLAIM OF LIEN REQUEST FORM

Please fill in as much as possible to eliminate public record search charges

| About Your Company   |               |                             |                      |
|--|---------------|-----------------------------|----------------------|
| <b>Company Name:</b>   |               | <b>Phone:</b>               |                      |
| <b>Contact Person:</b>   |               | <b>Fax:</b>                 |                      |
| <b>Street Address:</b>   |               |                             |                      |
| <b>City:</b>   | <b>State:</b> | <b>Zip:</b>                 |                      |
| <b>Email:</b>  |               |                             |                      |
|  |               |                             |                      |
| About the Job (The physical location you completed the work)                     |               |                             |                      |
| <b>Project / Job Name:</b>   |               |                             |                      |
| <b>Physical Address:</b>   |               |                             |                      |
| <b>City:</b>   | <b>State:</b> | <b>Zip:</b>                 |                      |
| <b>Legal Description:</b>  |               |                             |                      |
| <b>County:</b>   |               |                             |                      |
| <b>Describe Work Performed:</b>  |               |                             |                      |
| <b>Start Date:</b>   |               | <b>End Date (if known):</b> |                      |
| <b>Notice of Commencement Doc #:</b>   |               |                             |                      |
| <b>Permit #:</b>   |               | <b>Folio/Parcel#:</b>       |                      |
| <b>Contract Amount:</b>  |               | <b>Balance owed:</b>        |                      |
| Who Was Your Direct Contract With  |               |                             |                      |
| <b>Individual or Company Name:</b>   |               |                             |                      |
| <b>Mailing Address:</b>  |               | <b>Phone #:</b>             |                      |
| <b>City:</b>   | <b>State:</b> | <b>Zip:</b>                 |                      |
| <b>Are they the :</b>  | <b>Owner</b>  | <b>General Contractor</b>   | <b>Subcontractor</b> |
| Who Was The General Contractor On The Job? (write same as above if applicable)   |               |                             |                      |
| <b>Individual or Company Name:</b>   |               |                             |                      |
| <b>Mailing Address:</b>  |               | <b>Phone #:</b>             |                      |
| <b>City:</b>   | <b>State:</b> | <b>Zip:</b>                 |                      |
|  |               |                             |                      |
| <b>Did Ez NTO file your Notice to Owner?</b>                                     |               |                             |                      |
|  |               | <b>YES</b> _____            | <b>NO</b> _____      |
| If no, please email a copy to ezntotmartinez@gmail.com                           |               |                             |                      |
| You must have first filed a Notice to Owner in order to file a Claim of Lien!!!! |               |                             |                      |



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### CLAIM OF LIEN REQUEST FORM – continued

| Service   | Pricing                       |
|---|-------------------------------|
| <ul style="list-style-type: none"><li>• <b>You fill out the Claim of Lien request form completely and fax it to us</b></li><li>• <b>We prepare the Claim of Lien and email it to you</b></li><li>• <b>You sign the Claim of Lien, have it notarized and mail it back to us</b></li><li>• <b>We record the Claim of Lien in the appropriate county</b></li><li>• <b>Within 15 days of recording the Claim of Lien, we mail copies of the recorded Claim of Lien to all recipients on your NTO via certified, trackable US mail with Electronic Return Receipt</b></li><li>• <b>We email you the recorded Claim of Lien and the US mail tracking info</b></li></ul> | <p><b>\$150 + Postage</b></p> |

By signing below and submitting this form, you are hereby requesting EZ NTO LLC to act as an authorized agent on your behalf to prepare and attempt to serve a Claim of Lien based on the information provided above and the information obtained using the information provided above. By submitting this request, you agree to the terms as listed on the most recently posted Customer Service Agreement displayed on [www.eznto.com](http://www.eznto.com). In addition to those terms you specifically agree to the following:

1. You agree to waive all claims against EZ NTO LLC for damages and/or loss which may be caused by an act of negligence, mistakes and/or in advertence committed by EZ NTO LLC, its officers, or employees for damages and/or loss in the connection with preparing and forwarding of Claim(s) of Lien on your behalf. You further assume the risk of all acts associated with the filing, recording, and/or service of the requested Claim of Lien, and waive any and all rights and remedies at law or in equity it may have for breach of this agreement with EZ NTO LLC
  2. You agree that you and/or your company, has provided the services/materials described in this request under the "Type of Work Performed" section, that you and/or your company provided these services/materials at the specific job site address listed on this request, and that your and/or your company is still owed money for the services/materials your provided at the specified address.
  3. It is understood that in the event that EZ NTO LLC did not file your Notice to Owner, customer must provide the Notice to Owner and the Claim of Lien will be prepared based solely on the information provided by customer. Any liability, which might arise from this request, will be limited to the cost of the Claim of Lien, not to exceed \$150.00. EZ NTO LLC is not responsible for wrong addresses, typos, lost/misdirected/delayed mail.
- FURTHERMORE YOU RECOGNIZE THAT EZ NTO LLC, AND ITS OFFICERS AND/OR EMPLOYEES ARE NOT ENGAGED IN RENDERING LEGAL ADVICE OR PROVIDING LEGAL SERVICES. IF YOU HAVE ANY QUESTIONS OR CONCERNS YOU SHOULD SEEK THE SERVICES OF A QUALIFIED LEGAL PROFESSIONAL BEFORE SUBMITTING YOUR REQUEST. BY SUBMITTING YOUR REQUEST YOU ACKNOWLEDGE THAT YOU HAVE HAD THE RIGHT AND OPPORTUNITY TO CONSULT WITH A QUALIFIED LEGAL PROFESSIONAL, AND THAT A FAILURE TO DO SO IS NOT THE RESPONSIBILITY OF EZ NTO LLC.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**CLAIM OF LIEN REQUEST FORM- continued**

**CREDIT CARD AUTHORIZATION**

By filling out this form, and faxing to the number listed below, you authorize EZ NTO LLC to use the following credit card information as payment for the amount listed below.

|  |             |
|--|-------------|
| <b>Credit Card Type:</b>   |             |
| <b>Credit Card Number:</b>   |             |
| <b>Credit Card Expiration Date:</b>  |             |
| <b>Credit Card Security Code (3 digits on back of card for Visa/MC, 4 digits on front for AMEX):</b> |             |
| <b>Full Name on Card:</b>  |             |
| <b>Project Name:</b>   |             |
| <b>Amount Authorized:</b>  |             |
|  |             |
| <b>Signature</b>   | <b>Date</b> |

EMAIL YOUR COMPLETED REQUEST TO [ezntotmartinez@gmail.com](mailto:ezntotmartinez@gmail.com)

**You may send multiple Claim of Lien request forms in with one payment authorization.**