

## **Contractor Lien Waiver Form**

Date:		
County:		
State:		
Customer Name:		
Customer Phone:		
Customer Address:		
Job Address:		
Contractor Name:		
Contractor Address:		
Contractor Phone:		
Payments Rec'd To Date:	\$	
Payment Received TODAY:	\$(Lien release is contingent on the contractor receiving this p	payment)
	ledges receipt of all payments stated above. These payments The Contractor signing below hereby states payments for all w	
	es and relinquishes any and all rights available to place a me described work. All parties agree that all work performed to lent.	
	the Customer for any liability from non-payment of material of this entire agreement and understands the agreement.	or services extended through this date.
Contractor:	Date:	