

NOTICE OF INTENT TO FILE A LIEN OR A CLAIM

TO: OWNER OR PUBLIC ENTITY
Certified Mail # _____

City of Austin
Public Works & Transportation
Contract Administration
One Texas Center, Suite 1045
505 Barton Springs Rd
Austin, Texas 78704

TO: GENERAL CONTRACTOR
Certified Mail # _____

Name of Contractor
Address
City, State Zip Code

TO: LIEN OR STOP NOTICE CLAIMANT
Certified Mail # _____

Company of Texas
Address
City, State, Zip Code

TO: LENDER, SURETY OR BOND COMPANY
Certified Mail # _____

Name of Surety
Attn.: Agent's Name
Address
City, State, Zip Code
Ref. Bond #'s _____

TO: SUBCONTRACTOR
Certified Mail # _____

Name of Subcontractor
Attn.: Contact Person
Address
City, State Zip Code

The undersigned claimant, _____, intends to file a claim of lien against the
(Your Firm's Name)
building, erection or improvement described as the _____, Austin,
(Name of Project)
Travis County, Texas. The specific contract information is for our Job/Invoice #s: _____
(Invoice #s)

The amount is due from _____.
(Name of General Contractor)

The amount due is _____, including service charges or interest at the rate of _____ per annum.

Unless we receive payment by _____ a claim may be filed.
(Day, Month, Year)

Dated _____ for: **Representative's Name**
Address
City, State Zip Code
Telephone _____ **Fax** _____

By: _____
Financial Services Representative

(continued on next page)

THE STATE OF TEXAS §

COUNTY OF TRAVIS §

SUBSCRIBED AND SWORN TO BEFORE ME by _____, Financial Services Representative,
(Representative's Name)
_____, this _____.
(Name of your firm) (Day, Month, Year)

Notary Public

PROOF OF SERVICE BY MAIL AFFIDAVIT

I declare that I served a copy of the above notice and any related documents, by first-class mail, registered and return receipt requested (as required by law), addressed to the aforementioned parties on _____. I declare (MM/DD/YY) under penalty of perjury that the foregoing is true and correct. Executed at

(City, County, Texas on Date)

BY: _____
Financial Services Secretary