

NOTICE OF CONTEST OF LIEN

TO: _____

(Name and address of lienor)

You are notified that the undersigned contests the Claim of Lien filed by you on _____ and recorded in Official Records Book _____, at Page _____, of the Public Records of _____ County, Florida, and that the time within which you may file suit to enforce your lien is limited to 60 days from the date of service of this notice.

Dated _____, _____

Owner or Attorney
By: _____
Print Name: _____
Print Title _____
Address: _____

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____ by _____ (name), as _____ (title) of _____ (name of corporation), a _____ (State) corporation, on behalf of the corporation. He/She (please check as applicable) /_____/ is personally known to me, or has produced /_____/ his/her _____ (state) driver's license, or /_____/ his/her _____ (type of identification) as identification.

(Signature)

(Printed Name)

NOTARY PUBLIC, STATE OF _____

(Commission Expiration Date)

(NOTARIAL SEAL)

Prepared by:

Prepared by:
