

NOTICE OF CONTEST OF PAYMENT

TO: OWNER

(Name and address from Certificate of Payment)

TO: LIENOR

(Name and address from Claim of Lien)

TO: SURETY

(Name and address)

Under penalties of perjury, the undersigned certifies that the contractor has not been paid or has only been paid \$_____ for the labor, services, and materials described in the Certificate of Payment to the Contractor recorded in Official Records Book ____ at Page ____ of the Public Records of _____ County, Florida.

Dated this ___ day of _____, _____.

Contractor
By: _____

Address

STATE OF _____
COUNTY OF _____

SWORN TO and subscribed 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)