

CONTRACTOR/SUPPLIER:

Contractor/Supplier:
Contractor's License Number:
Contact Name:
Contractor Supplier Address City, State Zip:
Contractor Supplier Phone & Fax:

PROJECT:

Project Name:
Project Address City, State Zip:
Project Phone & Fax:

TENANT:

Tenant Name:
Tenant Address City, State Zip:
Company Phone & Fax:

LANDLORD:

Landlord Name:
Landlord Address City, State Zip:
Landlord Phone & Fax:

CONDITIONAL RELEASE

The undersigned does hereby acknowledge that upon receipt by the undersigned of a check from:

in the sum of _____, when the check has been properly endorsed and has been paid by the bank upon which it was drawn, this document shall become effective to release any and all claims and rights of lien which the undersigned has the above referenced job for labor, services, equipment, materials furnished and/or claims through _____ except it does not cover any retention or items furnished thereafter. Before any recipient of this document relies on it, said party should verify evidence of payment to the undersigned.

I CERTIFY UNDER PENALTY OF PERJURY UNDER LAWS OF THE STATE OF _____ THAT THE ABOVE IS A TRUE AND CORRECT STATEMENT.

UNCONDITIONAL RELEASE

The undersigned does hereby acknowledge that the undersigned has been paid and has received progress payments in the sum of _____ for labor, services, equipment & materials furnished to the above referenced job and does hereby release any and all claims and rights of lien that the undersigned has on the above referenced job. This release covers all payment for labor services, equipment, materials furnished and/or claims to the above referenced job through _____ only and does not cover any retention or items furnished after that date.

NOTICE: THIS DOCUMENT WAIVES RIGHTS UNCONDITIONALLY AND STATES THAT YOU HAVE BEEN PAID FOR GIVING UP THOSE RIGHTS. THIS DOCUMENT IS ENFORCEABLE AGAINST YOU IF YOU SIGN IT, EVEN IF YOU HAVE NOT BEEN PAID. IF YOU HAVE NOT BEEN PAID, USE A CONDITIONAL RELEASE FORM.

I CERTIFY UNDER PENALTY OF PERJURY UNDER LAWS OF THE STATE OF _____ THAT THE ABOVE IS A TRUE AND CORRECT STATEMENT.

Signature: _____

Name: _____

Title: _____

IN WITNESS:

State of _____)
County of _____) ss.

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20____

Notary Public: _____ My commission expires: _____