

NOTICE OF CONTEST OF PAYMENT

TO: OWNER

(Name and address from Certificate of Payment)

LIENOR

(Name and address from Claim of Lien)

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 _____, 20___.

Contractor

By: _____

Name: _____

Address

This instrument prepared by:

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____ 20____, by _____ 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)

(NOTARIAL SEAL)

NOTARY PUBLIC, STATE OF _____

(Commission Expiration Date)

This instrument prepared by: