



New York's Mechanic's Lien Experts
PRINT AND THEN FAX FORM TO: (212)-404-7857

PART I: YOUR COMPANY INFORMATION

Company Name: (Be sure to include company type, i.e., LLC, Inc., PC, or sole proprietorship, etc)

Address:

City: State: Zip:

Email: Phone: Fax:

PART II: WHO HIRED YOU

Company Name: (Be sure to include company type, i.e., LLC, Inc., PC, or sole proprietorship, etc)

Address:

City: State: Zip:

Email: Phone: Fax:

Were you hired by a: Owner General-Contractor Sub-Contractor Other?

The General Contractor was: (Be sure to include company type, i.e., LLC, Inc., PC, or sole proprietorship, etc)

Address:

City: State: Zip:

PART III: THE PROPERTY/JOB TO BE LIENED

The General Contractor was: (Be sure to include company type, i.e., LLC, Inc., PC, or sole proprietorship, etc)

Address:

City: State: Zip:

The Owner Name: (Only if known, for example, XYZ Condominium Company, or ABC Office Developer)

Address:

City: State: Zip:

Property Address: (Required)

City: State: Zip:

Block: Lot: (Only if known)



PART IV: WORK PERFORMED/AMOUNT OWED

THE WORK PERFORMED/MATERIALS PROVIDED:

Five horizontal lines for text entry.

(Set forth in detail the nature of the work performed and/or materials provided)

Did You Improve Public Property:

Two horizontal lines for text entry.

(If so, describe the project in detail, i.e., a Public School XYZ, or a City Office ABC)

The Date of Contract: _____ (Estimate if necessary)

The total of the Contract (including all change orders): \$ _____

The total of paid under the Contract: \$ _____

The total owed (the Lien Amount): \$ _____

The first date work was performed: (Month) _____ (Day) ____ (Year) ____

The last date work was performed: (Month) _____ (Day) ____ (Year) ____

PART V: PAYMENT INFORMATION

Cardholder: _____

Address: _____

City: _____ State: ____ Billing Zip: _____

Card Type: _____

(i.e. AMEX, VISA, Mastercard, Discover)

Card No.: _____ Sec. Code: ____ Exp: _____

Order type: Lien (\$225) Lien Amendment (\$95) Extension (\$95) Other? (please call)

Name & Signature: Title: Date:

I have read the foregoing, and acknowledge that MetroLiens is under no obligation to file on my behalf until such time as my payment has cleared. By executing the payment terms above, you hereby appoint MetroLiens and its agents as your attorney in fact for the execution and filing of all Mechanic's Lien documents incorporating the information contained herein and thereby authorize the execution and filing of the same. In executing the foregoing, you further attest to the accuracy of all factual matters set forth herein.