

SUBCONTRACTOR WAIVER OF LIEN (RELEASE)

STATE OF: _____ }
COUNTY OF: _____ } SS.

The *Construction Period*: To date cannot be later than the Lien Waiver's notarization date.

Construction Period: From: _____ To: _____

If there is any uncertainty about the Construction Period dates, please leave these lines blank for South Coast & Associates Inc. to complete

To Whom it May Concern:
WHEREAS, the undersigned

has been employed by:

South Coast & Associates Inc.
34 Slocum Farm Dr. Dartmouth, MA 02747
774-202-4868

FOR:

Client Name
Street Address
City, State Zip Code

the Owner of the Premises known as:

Project Name
Street Address
City, State Zip Code

Use the project-specific Lien Waiver form(s) provided by South Coast & Associates Inc.

to furnish for the above said premises:

NOW, THEREFORE, the undersigned, for and in consideration of the sum of:

_____ (\$ _____ dollars)

and other good and valuable considerations, upon receipt acknowledged by the undersigned, does hereby waive and release to the extent of the above indicated amount.

Partial Payment _____ Full Payment _____

RELEASE ANY AND ALL

lien or claim or right to lien under the statutes of this State relating to mechanics: liens, with respect to and on the above described premises and the improvements thereon, and on the material, fixtures, apparatus or machinery furnished during the Period mentioned above, and on the moneys or other considerations due or to become due from the owner, on account of labor, services, material, fixtures, apparatus or machinery heretofore furnished, or which may be furnished at any time hereafter, by the undersigned, to or on account of the said contractor of the said Owner, for the above described premises. The undersigned also warrants that all applicable taxes are the responsibility of the undersigned and have been or will be paid to the state in which the project is located. These taxes include, but are not limited to; sales taxes, use taxes, payroll, and labor taxes.

ATTEST:

Dated this _____ day of _____, 2014

Name of Sole Ownership, Corporation or Partnership

Signature of Sole Owner or Authorized Representative of Corporation or Partnership

The date of the notary's and authorized representative's signatures must be the same.

Notary Public in and for _____ County, _____

(SEAL)

My commission expires _____

Subscribed and sworn to before me this _____ day of _____, 2014

Signature of Notary Public