

When Requesting a LIEN WAIVER ---Complete ALL Information

FOR FUTURE WAIVER REQUEST

Job # _____

Customer Account # _____
 Account Name: _____
 Project PO# _____
 Project Name _____
 Physical Address of Project: _____

Street	GC:	_____
City	STREET:	_____
State	CITY:	STATE ZIP

Type of Waiver	Please select one below	If Partial, please provide through date
1. Final / Full	OR 2. Partial	with paid through Date _____
1A. Conditional Final	2A. Conditional Partial	Through Date _____

*** Note: "Conditional" ---for waiver with invoices NOT yet paid ****

Is the Job completely ordered / billed? YES / NO

List **ALL** invoices pertaining to this project (paid or unpaid)

Invoice # _____	Amount _____	Date of Inv. _____
Invoice # _____	Amount _____	Date of Inv. _____
Invoice # _____	Amount _____	Date of Inv. _____
Invoice # _____	Amount _____	Date of Inv. _____
Invoice # _____	Amount _____	Date of Inv. _____
Invoice # _____	Amount _____	Date of Inv. _____
Invoice # _____	Amount _____	Date of Inv. _____
Invoice # _____	Amount _____	Date of Inv. _____
Invoice # _____	Amount _____	Date of Inv. _____
Invoice # _____	Amount _____	Date of Inv. _____
TOTAL \$ _____		List on waiver: Y or N

OR attach a list of ALL invoices for the project.

Additional Comments : _____ or Alternate mailing info: _____

The Credit Department needs ALL this information to issue any type of lien waiver