

## Genesee County Land Bank Authority Flint Future Homes Program

### Invitation for Bids- LB 26-002 Rehab of 9 Homes in Flint, MI

#### ADDENDUM #3

March 17, 2026

The following information is to be incorporated into the bidding and contract documents and acknowledged by all bidders for the above referenced project. Bids submitted that do not acknowledge this Addendum will be deemed incomplete and may be rejected on such basis.

#### 1. General clarifications:

- a. Please review Attachment 1, Example Payment Request Packet. These documents are required when submitting requests for payment. Multiple lien waiver forms are included, however, bidders are only required to complete and submit the lien waiver that applies to their specific invoicing scenario.

#### 2. Work Scope Division Clarifications and Answers

##### a. 22-200 Plumbing

**Q:** 1460 Dupont, shower is currently in a room by itself and there is a trap door with stairs going into the basement. Are the stairs getting removed and making the shower inside the same room as the toilet and sink.

**A:** At this time, the current layout is to remain.

**Q:** A couple of houses have galvanized service lines, which probably means a lead line service.

**A:** Provide alternat cost to replace lead service lines to the houses.

**Q:** The homes where the chimney liners are needed are they just having us install electric water heaters.

**A:** If electric water heater is installed in lieu of gas water heater it will be the responsibility of this bid package to ensure the house has enough service for the electric water heater and provide electrical service to the hot water heater, i.e. all work associated with water heater is this bid packages responsibility.

**Q:** 1002 Welch needs the floor broken up at the base of the soil stack because the pipe goes from 4-inch to 3-inch pipe then back to 4-inch pipe.

**A:** Floor removal necessary and patching of floor for this work will be the responsibility of this bid package.



**Q:** 2436 Thomas has a shower unit in the basement that's free standing. Are you keeping or eliminating?

**A:** Remove shower and cap lines, but leave lines and drain accessible for future use by new owner.

**b. 07-400 Roofing, 07-400 Gutters & Downspouts, 07-700 Soffit & Fascia**

**Q:** Are these bids just for the houses or are detached structures such as garages and sheds included?

**A:** Include attached garages in base bids. Include alternate cost to reroof detached garages at 1006 Welch and 1129 Pettibone. GCLBA will remove detached structures from 1002 Welch, 3410 Arlene, and 1413 Blackberry.

**Each bidder must acknowledge receipt of this addendum on IFB SUBMITTAL REQUIREMENTS CHECKLIST.**

**\*\*END OF ADDENDUM\*\***

**ATTACHMENT 1**





**COVERSHEET FOR ALL PAYMENT REQUEST PACKETS\***

<b>CONTRACTOR:</b>	<b>BID NUMBER:</b>
<b>NUMBER OF HOUSES (PAYMENT PACKETS) YOUR ARE SUBMITTING:</b>	
<b>Scope(s):</b>	<b>Contact Person:</b>
	<b>Contact Phone Number:</b>
	<b>Email:</b>

The Genesee County Land Bank (GCLBA) **WILL NOT**, process any payment requests without all of the required documentation.

The GCLBA will pay the contractors the fixed price as agreed upon in contract of awarded bid. No increase in costs will be paid unless previously approved in a signed change order. **Payment to Contractor is made by the GCLBA on a net 30 to 60 day cycle upon receiving completed payment request packet for each project/address and all required submittals (invoice, sworn statement, lien waivers, manifests, etc.).**

**Upon receipt of payment request, the GCLBA will notify Contractor by email. If payment request is rejected, the GCLBA will notify Contractor by email. All payment requests will be returned to Contractor for correction. Once all required documentation has been received and approved, the GCLBA will notify Contractor that payment has been submitted for processing and payment will be made to the contractor on a net 30 day cycle.**

The undersigned Contractor states that the items listed on the attached Payment Request Checklist are completed and included in the site specific packet of documentation and hereby requests a final payment.

\_\_\_\_\_  
 Contractor \_\_\_\_\_  
 Date Submitted  
*\*Please submit this form as a coversheet when submitting payment request packets.*

The attached Payment Request Packet has been reviewed by GCLBA staff and the following recommended the following action:

Rejected for the reason(s) listed on the Payment Request Checklist

Approved and has been submitted for payment

\_\_\_\_\_  
 GCLBA Reviewer (name & title) \_\_\_\_\_  
 Date

### REQUEST FOR PAYMENT CHECKLIST

<b>ADDRESS:</b>	<b>PARCEL NUMBER:</b>
<b>CONTRACTOR:</b>	<b>BID NUMBER:</b>
<b><i>ALL Contractors must provide the following information with each payment request (only supply one copy with your Coversheet for All Payment Request Packets):</i></b>	
	<ul style="list-style-type: none"> <li>▪ <i>If sub-contracting, you must receive approval prior to utilizing a subcontractor. Approval will require proof that the sub-contractor is in compliance with the Michigan Workers' Disability Compensation Act requirements and appropriately licensed and insured. Subcontractors must meet the same insurance requirements. GCLBA may request certifications, proof of appropriate medical certifications, etc. for individual workers.</i></li> </ul>
	<ul style="list-style-type: none"> <li>▪ Sworn Statement (All subcontractors must be listed)</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Waivers of lien from Contractor and Waivers of lien from all subcontractors</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Invoice on Contractor's letterhead</li> </ul>
<b>Y/N</b>	<b>ABATEMENT CONTRACTORS</b>
	<ul style="list-style-type: none"> <li>▪ Completed State NESHAP Notification</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Pre-Abatement Walkthrough form</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Field Report/Daily Log</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Address Specific Abatement Summary Tracking Sheet - Manifests</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Air monitoring/sampling/clearance documentation per property</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Before and after Pictures of items removed/abated uploaded to Tolemi.</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Line Item Invoice for subcontractors</li> </ul>
<b>Y/N</b>	<b>RENOVATION CONTRACTORS</b>
	<ul style="list-style-type: none"> <li>▪ <i>City or Township Inspection receipt</i> - <input type="checkbox"/> Proof of Permit <input type="checkbox"/> Rough Inspection Approval <input type="checkbox"/> Final Approval</li> </ul>



## SWORN STATEMENT

**Bid Number:**

**Contact Person:**

**Type of Project:**

**Contact Phone Number:**

\_\_\_\_\_ being duly sworn deposes and says:

1. That \_\_\_\_\_ is the Contractor/Subcontractor for an improvement to the following described real properties situated in Genesee County, Michigan:

NO.	PARCEL NUMBER	ADDRESS	NO.	PARCEL NUMBER	ADDRESS	NO.	PARCEL NUMBER	ADDRESS
1.			11.			21.		
2.			12.			22.		
3.			13.			23.		
4.			14.			24.		
5.			15.			25.		
6.			16.			26.		
7.			17.			27.		
8.			18.			28.		
9.			19.			29.		
10.			20.			30.		

2. That the contracts of subcontracts cited herein are for the renovation of the property referenced above.
3. That the following is a statement, as of \_\_\_\_\_ (Insert cut off date for payment request) of each subcontractor, supplier and laborer, for which laborer the payment of wages or fringe benefits and withholdings is due but unpaid with whom the Contractor/Subcontractor has contracted/subcontracted for performance under the contract with the owner or lessee thereof, and that the amounts due to the persons as of the date hereof are correctly and fully set forth opposite their names, as follows: (Attach additional tables if needed)

Name of Subcontractor, Supplier of Laborer	Type of Improvement	Contract Price	Total Prior Payment	Balance to Complete Contract Price


4. That the Contractor has not procured material from, or subcontracted with, any person other than those set forth above and owes no money for the improvement other than the sums set forth above.
5. Set forth above and owes no money for the improvement other than the sums set forth above.
6. Deponent further says that he or she makes the foregoing statement as the Contractor/Subcontractor or as the of the Contractor/Subcontractor for the purpose of representing to the owner, lessee or mortgagee of the above described property and his or her agents that the above described property is free from claims of construction liens, or the possibility of construction liens, except as specifically set forth above, and except for claims of construction liens by laborers which may be provided pursuant to Section 109 of the Construction Lien Act, Act No. 497 of the Public Acts of 1980, as amended, being Section 570.1100 of the Michigan Compiled Laws.
7. Deponent further says that Laborer wages, fringe benefits and income tax withholdings are paid, except:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WARNING TO OWNER: AN OWNER OF THE ABOVE REFERENCED PROPERTY MAY NOT RELY ON THIS SWORN STATEMENT TO AVOID THE CLAIM OF A SUBCONTRACTOR, SUPPLIER, OR LABORER WHO HAS PROVIDED A NOTICE OF FURNISHING (OR LABORER WHO MAY PROVIDE A NOTICE OF FURNISHING PURSUANT TO SECTION 109 OF THE CONSTRUCTION LIEN ACT) TO THE DESIGNEE OR TO THE OWNER OR LESSEE IF THE DESIGNEE IS NOT NAMED, OR HAS DIED.**

Contractor's Name: \_\_\_\_\_ Deponent)

By: \_\_\_\_\_

Its: \_\_\_\_\_

**WARNING TO DEPONENT: A PERSON WHO, WITH INTENT TO DEFRAUD, GIVES A FALSE SWORN STATEMENT IS SUBJECT TO CRIMINAL PENALTIES AS PROVIDED IN SECTION 110 OF THE CONSTRUCTION LIEN ACT, ACT. NO. 497 OF THE PUBLIC ACTS OF 1980, AS AMENDED, BEING SECTION 570.110 OF THE MICHIGAN COMPILED LAWS.**

Subscribed to and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_ Notary Public

\_\_\_\_\_ County, Michigan

My commission expires: \_\_\_\_\_



452 S. Saginaw, Second Floor  
 Flint, MI 48502  
 810.257.3088

## SWORN STATEMENT

**Project Location:**

**Parcel ID No.:**

**Type of Project:**

**Contact Person:**

\_\_\_\_\_ being duly sworn deposes and says:

1. That \_\_\_\_\_ is the Contractor/Subcontractor for an improvement to the following described real property situated in Genesee County, Michigan:

Address:

Parcel #:

\_\_\_\_\_

\_\_\_\_\_

2. That the contracts of subcontracts cited herein are for the renovation of the property referenced above.
3. That the following is a statement, as of \_\_\_\_\_ (Insert cut off date for payment request) of each subcontractor, supplier and laborer, for which laborer the payment of wages or fringe benefits and withholdings is due but unpaid with whom the Contractor/Subcontractor has contracted/subcontracted for performance under the contract with the owner or lessee thereof, and that the amounts due to the persons as of the date hereof are correctly and fully set forth opposite their names, as follows:

Name of Subcontractor, Supplier of Laborer	Type of Improvement	Contract Price	Total Prior Payment	Balance to Complete Contract Price

4. That the Contractor has not procured material from, or subcontracted with, any person other than those set forth above and owes no money for the improvement other than the sums set forth above.
5. Set forth above and owes no money for the improvement other than the sums set forth above.
6. Deponent further says that he or she makes the foregoing statement as the Contractor/Subcontractor or as the \_\_\_\_\_ of the Contractor/Subcontractor for the purpose of representing to the owner, lessee or mortgagee of the above described property and his or her agents that the above described property is free from claims of construction liens, or the possibility of construction liens, except as specifically set forth above, and except for claims of construction liens by laborers which may be provided pursuant to Section 109 of the Construction Lien Act, Act No. 497 of the Public Acts of 1980, as amended, being Section 570.1100 of the Michigan Compiled Laws.
7. Deponent further says that Laborer wages, fringe benefits and income tax withholdings are paid, except:

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**WARNING TO OWNER: AN OWNER OF THE ABOVE REFERENCED PROPERTY MAY NOT RELY ON THIS SWORN STATEMENT TO AVOID THE CLAIM OF A SUBCONTRACTOR, SUPPLIER, OR LABORER WHO HAS PROVIDED A NOTICE OF FURNISHING (OR LABORER WHO MAY PROVIDE A NOTICE OF FURNISHING PURSUANT TO SECTION 109 OF THE CONSTRUCTION LIEN ACT) TO THE DESIGNEE OR TO THE OWNER OR LESSEE IF THE DESIGNEE IS NOT NAMED, OR HAS DIED.**

Contractor's Name:..... (Deponent)

By: \_\_\_\_\_

Its: \_\_\_\_\_

**WARNING TO DEPONENT: A PERSON WHO, WITH INTENT TO DEFRAUD, GIVES A FALSE SWORN STATEMENT IS SUBJECT TO CRIMINAL PENALTIES AS PROVIDED IN SECTION 110 OF THE CONSTRUCTION LIEN ACT, ACT. NO. 497 OF THE PUBLIC ACTS OF 1980, AS AMENDED, BEING SECTION 570.110 OF THE MICHIGAN COMPILED LAWS.**

Subscribed to and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_ Notary

Public \_\_\_\_\_ County, Michigan

My commission expires: \_\_\_\_\_



## FULL CONDITIONAL WAIVER OF LIEN

**Bid Number:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Type of Project:** \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

I/We \_\_\_\_\_ have supplied labor/materials to:  
 (Name of Contractor/Supplier)

\_\_\_\_\_ (Other contracting party)

to provide:

\_\_\_\_\_ (Type of Improvement)

for the improvement of the properties located at the addresses referenced below. And by signing this waiver I/we waive my/our construction lien to the amount of \$ \_\_\_\_\_ for labor/materials provided through \_\_\_\_\_.

(date of draw cutoff or actual payment)

NO.	PARCEL	ADDRESS	NO.	PARCEL	ADDRESS	NO.	PARCEL	ADDRESS
1.			11.			21.		
2.			12.			22.		
3.			13.			23.		
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6.			16.			26.		
7.			17.			27.		
8.			18.			28.		
9.			19.			29.		
10.			20.			30.		

This waiver, together with all previous waivers, if any, (check one)  **does** or  **does not** cover all amounts due to me/us for contract improvement provided through the date shown above. This waiver is conditioned on actual payment of the amount shown above.

**DO NOT SIGN BLANK OR INCOMPLETE FORMS  
 RETAIN A COPY FOR YOUR RECORDS**

If improvement is provided to property that is a residential structure and if the owner or lessee of the property or the owner's or lessee's designee has received a notice of furnishing from me/one of us, or if I/we are not required to provide one, and the owner, lessee, or designee has not received this waiver directly from me/one of us, the owner, lessee, or designee may not rely upon it without contracting me/one of us, either in writing, by telephone, or personally, to verify that it is authentic.

Date Signed: \_\_\_\_\_

Company Name/Lien Claimant: \_\_\_\_\_

Signature of Lien Claimant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

DO NOT SIGN BLANK OR INCOMPLETE FORMS  
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## FULL CONDITIONAL WAIVER OF LIEN

**Project Location:** \_\_\_\_\_

**Parcel ID Number:** \_\_\_\_\_

**Type of Project:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

I/We \_\_\_\_\_ have supplied labor/materials to:  
(Name of Contractor/Supplier)

\_\_\_\_\_  
(Other contracting party)

to provide:

\_\_\_\_\_  
(Type of Improvement)

for the improvement of the property located at the address referenced above. And by signing this waiver waive my/our construction lien to the amount of \$ \_\_\_\_\_ for labor/materials provided

through \_\_\_\_\_.  
(date of draw cutoff or actual payment)

This waiver, together with all previous waivers, if any, (check one)  **does or**  **does not** cover all amounts due to me/us for contract improvement provided through the date shown above. This waiver is conditioned on actual payment of the amount shown above.

If improvement is provided to property that is a residential structure and if the owner or lessee of the property or the owner's or lessee's designee has received a notice of furnishing from me/one of us, or if I/we are not required to provide one, and the owner, lessee, or designee has not received this waiver directly from me/one of us, the owner, lessee, or designee may not rely upon it without contracting me/one of us, either in writing, by telephone, or personally, to verify that it is authentic.

Date Signed: \_\_\_\_\_

Company Name/Lien Claimant: \_\_\_\_\_

Signature of Lien Claimant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

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## FULL UNCONDITIONAL WAIVER OF LIEN

**Bid Number:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Type of Project:** \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

I/We \_\_\_\_\_ have supplied labor/materials to:  
(Name of Contractor/Supplier)

\_\_\_\_\_ (Other contracting party)

to provide:

\_\_\_\_\_ (Type of Improvement)

for the improvement of the properties located at the address referenced below:

NO.	PARCEL NUMBER	ADDRESS	NO.	PARCEL NUMBER	ADDRESS	NO.	PARCEL NUMBER	ADDRESS
1.			11.			21.		
2.			12.			22.		
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6.			16.			26.		
7.			17.			27.		
8.			18.			28.		
9.			19.			29.		
10.			20.			30.		

Having been fully paid and satisfied, all my/our construction lien rights against such properties are hereby waived and released.

Date Signed: \_\_\_\_\_

Company Name/Lien Claimant: \_\_\_\_\_

Signature of Lien Claimant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

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## PARTIAL UNCONDITIONAL WAIVER OF LIEN

**Project Location:** \_\_\_\_\_

**Parcel ID Number:** \_\_\_\_\_

**Type of Project:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

I/We \_\_\_\_\_ have supplied labor/materials to:  
 (Name of Contractor/Supplier)

\_\_\_\_\_ (Other contracting party)

to provide:

\_\_\_\_\_ (Type of Improvement)

for the improvement of the property located at the address referenced above.

Having been fully paid and satisfied, all my/our construction lien rights against such property are hereby waived and released.

**STATEMENT OF ACCOUNT**

Contract Price	\$ _____
Extras	\$ _____
Deduct Credit	\$ _____
Previously Paid	\$ _____
Retention	\$ _____
Balance	\$ _____
This Payment	\$ _____
Balance To Become Due	\$ _____

Date Signed: \_\_\_\_\_

Company Name/Lien Claimant: \_\_\_\_\_

Signature of Lien Claimant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

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## PARTIAL UNCONDITIONAL WAIVER OF LIEN

**Bid Number:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Type of Project:** \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

I/We \_\_\_\_\_ have supplied labor/materials to:  
(Name of Contractor/Supplier)

\_\_\_\_\_  
(Other contracting party)

to provide:

\_\_\_\_\_  
(Type of Improvement)

for the improvement of the property located at the addresses referenced below.

NO.	PARCEL NUMBER	ADDRESS	NO.	PARCEL NUMBER	ADDRESS	NO.	PARCEL NUMBER	ADDRESS
1.			11.			21.		
2.			12.			22.		
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9.			19.			29.		
10.			20.			30.		

Having been fully paid and satisfied, all my/our construction lien rights against such property are hereby waived and released.

**STATEMENT OF ACCOUNT**

Contract Price           \$ \_\_\_\_\_  
 Extras                     \$ \_\_\_\_\_  
 Deduct Credit           \$ \_\_\_\_\_  
 Previously Paid         \$ \_\_\_\_\_  
 Retention                \$ \_\_\_\_\_  
 Balance                  \$ \_\_\_\_\_  
  
 This Payment            \$ \_\_\_\_\_  
 Balance To Become Due \$ \_\_\_\_\_

Date Signed: \_\_\_\_\_

Company Name/Lien Claimant: \_\_\_\_\_

Signature of Lien Claimant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

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## PARTIAL CONDITIONAL WAIVER OF LIEN

**Bid Number:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Type of Project:** \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

I/We \_\_\_\_\_ have supplied labor/materials to:  
 (Name of Contractor/Supplier)

\_\_\_\_\_ (Other contracting party)

to provide:

\_\_\_\_\_ (Type of Improvement)

for the improvement of the properties located at the addresses referenced below. And by signing this waiver waive my/our construction lien to the amount of \$ \_\_\_\_\_ for labor/materials provided through \_\_\_\_\_.

(date of draw cutoff or actual payment)

NO.	PARCEL NUMBER	ADDRESS	NO.	PARCEL NUMBER	PARCEL NUMBER	NO.	PARCEL NUMBER	ADDRESS
1.			11.			21.		
2.			12.			22.		
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5.			15.			25.		
6.			16.			26.		
7.			17.			27.		
8.			18.			28.		
9.			19.			29.		
10.			20.			30.		

This waiver, together with all previous waivers, if any, (check one)  **does or**  **does not** cover all amounts due to me/us for contract improvement provided through the date shown above. This waiver is conditioned on actual payment of the amount shown above.

DO NOT SIGN BLANK OR INCOMPLETE FORMS  
 RETAIN A COPY FOR YOUR RECORDS

If improvement is provided to property that is a residential structure and if the owner or lessee of the property or the owner's or lessee's designee has received a notice of furnishing from me/one of us, or if I/we are not required to provide one, and the owner, lessee, or designee has not received this waiver directly from me/one of us, the owner, lessee, or designee may not rely upon it without contracting me/one of us, either in writing, by telephone, or personally, to verify that it is authentic.

Date Signed: \_\_\_\_\_

Company Name/Lien Claimant: \_\_\_\_\_

Signature of Lien Claimant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

DO NOT SIGN BLANK OR INCOMPLETE FORMS  
RETAIN A COPY FOR YOUR RECORDS



## PARTIAL CONDITIONAL WAIVER OF LIEN

**Project Location:**

**Parcel ID Number:**

**Type of Project:**

**Contact Person:**

I/We \_\_\_\_\_ have supplied labor/materials to:  
(Name of Contractor/Supplier)

\_\_\_\_\_  
(Other contracting party)

to provide:

\_\_\_\_\_  
(Type of Improvement)

for the improvement of the property located at the address referenced above. And by signing this waiver waive my/our construction lien to the amount of \$ \_\_\_\_\_ for labor/materials provided through \_\_\_\_\_.  
(date of draw cutoff or actual payment)

This waiver, together with all previous waivers, if any, (*check one*)  **does** or  **does not** cover all amounts due to me/us for contract improvement provided through the date shown above. This waiver is conditioned on actual payment of the amount shown above.

If improvement is provided to property that is a residential structure and if the owner or lessee of the property or the owner's or lessee's designee has received a notice of furnishing from me/one of us, or if I/we are not required to provide one, and the owner, lessee, or designee has not received this waiver directly from me/one of us, the owner, lessee, or designee may not rely upon it without contracting me/one of us, either in writing, by telephone, or personally, to verify that it is authentic.

Date Signed: \_\_\_\_\_

Company Name/Lien Claimant: \_\_\_\_\_

Signature of Lien Claimant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

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