

Stop Payment Notice

Name of Owner: _____	Name of Lender: _____
Phone: (_____) _____	Phone: (_____) _____
Fax: (_____) _____	Fax: (_____) _____
Email: _____	Email: _____
Address: _____	Address: _____
_____	_____
_____	_____

TO OWNER AND LENDER:

YOU ARE HEREBY NOTIFIED THAT

Claimant: _____

At the address: _____

Whose relationship to the person(s) above is: _____

Provided Work, Labor, Services, Equipment and/or Materials of the following general description:

At the site: _____

The Direct Contractor: _____

Whose Address is: _____

An estimate of the total value of work furnished or to be furnished by the Claimant is: \$ _____

Stop Payment Notice

Claimant hereby serves a stop payment notice in the amount of:

\$ _____

This amount represents the amount due the Claimant for work furnished, labor, services, equipment and/or materials, after deducting all credits and offsets, as of the day of this notice.

Date: ____/____/____

(Firm Name)

(Signature of Claimant)

(Print Name of Claimant)

(Official Capacity)