



National Lien & Bond Claim Systems

a division of Network *50, Inc.

CLAIM DATA SHEET

To Initiate a Filing or Claim Return This Form By Fax To 847-432-8950 or CALL 1-800-432-7799

TO: National Lien and Bond Claim Systems 440 Central Ave. Highland Park, IL 60035			FROM: Your Company Name: _____ Contact Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ FAX: _____ Email: _____		
For Office Use Only	HMB	HAE			
TODAY'S DATE: _____					

1. CHECK TYPE OF FILING OR CLAIM:

<input type="checkbox"/> Preliminary Notice	<input type="checkbox"/> Collection	<input type="checkbox"/> Enrollment of Judgment
<input type="checkbox"/> Lien Claim	<input type="checkbox"/> U.C.C. Filing	<input type="checkbox"/> Releases
<input type="checkbox"/> Bond Claim	<input type="checkbox"/> Bankruptcy Preference	<input type="checkbox"/> Other _____

8. CIRCLE PROJECT STATE:

AL	MT
AK	NB
AZ	NC
AR	ND
CA	NH
CO	NJ
CT	NM
DE	NV
FL	NY
GA	OH
HI	OK
IA	OR
ID	PA
IL	RI
IN	SC
KS	SD
KY	TN
LA	TX
MA	UT
MD	VA
ME	VT
MI	WA
MN	WI
MO	WV
MS	WY
WASH D.C.	

2. YOUR CONTRACT INFORMATION:

Do you have a:

<input type="checkbox"/> written (enclose copy) or	Base contract amount	\$	_____
<input type="checkbox"/> verbal contract?	Value of extras or changes	+ \$	_____
	Revised Contract	Subtotal \$	_____
	Less		_____
	Amount Paid to date & credits	- \$	_____
	Balance due	Total \$	_____

(Enclose copy of P.O.'s, contracts, invoices, delivery tickets, change orders, and billing statements, etc.)

Does all extra work relate to original contract? Yes No

3. DESCRIPTION OF YOUR PRODUCT/SERVICES PROVIDED: (enclose product literature)

Did you Provide? Materials only Labor only Materials & Labor

Is your product custom manufactured for the project?

Yes, 1st date of work (includes shop drawings) _____ Contract Date _____ No

4. CONTRACT/PAYMENT:

Have you issued a preliminary notice? Yes (copy enclosed) No

Have you issued lien waiver? Yes (copy enclosed) No

5. CONSTRUCTION TYPE:

<input type="checkbox"/> Multi-Unit Residential	<input type="checkbox"/> New	<input type="checkbox"/> Rehab
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Personal Residence	<input type="checkbox"/> Municipal/Government
	<input type="checkbox"/> Commercial	<input type="checkbox"/> Other

6. DATES OF WORK/FURNISHING/SHIPPING: (Attach delivery tickets)

FIRST: _____ LAST: _____

Is there a project certificate or notice of completion or acceptance filed?

Yes (enclose copy) No

Is the project as a whole completed? Yes No If Yes, Date of completion _____

Liability Limitations: National Lien and Bond Claim Systems, a division of Network*50, Inc (NLB) does not guarantee or in any way represent or warrant the information transmitted or received by customer or third parties. Customer acknowledges and agrees that the service provided by NLB consists solely of providing access to a filing network which may in appropriate cases involve attorneys. NLB is not in any way responsible or liable for errors, omissions, inadequacy delays, interruptions in the information transmitted or received, or for any damages resulting there from whether or not NLB or is responsible for such errors, omissions, inadequacy or interruptions. In the event any error is attributable to NLB or to the equipment, customer shall be entitled only to a refund of the cost for preparation of any notices. The refund shall be exclusively in lieu of any other damages or remedies against NLB.

7. Customer Signature: _____ **Date:** _____

CANADA

PUERTO RICO

OTHER:

PROJECT DATA SHEET

1. Project Name: _____
Address: _____
City/State/Zip: _____
Phone & Fax: _____
County of Property: _____

9. Your Customer: _____
Contact Name: _____
Address: _____
Phone & Fax: _____
No.: _____
Account #: _____

2. Project Owner or Public Agency: _____
Contact Name: _____
Address: _____
City/State/Zip: _____
Phone & Fax: _____

10. Your Order:
Value of order: \$ _____
Job No.: _____
P.O. No.: _____
Contract No.: _____
Date Products needed: _____
Approximate start work date: _____

3. Original Contractor: _____
Contact Name: _____
Address: _____
City/State/Zip: _____
Phone & Fax: _____

11. Credit Information:
Payment Terms: _____
Billing Cycle: _____
 Joint Check Direct Payment

4. Subcontractor: _____
Contact Name: _____
Address: _____
City/State/Zip: _____
Phone & Fax: _____

12. Your Status in Project:
 General Contractor
 Subcontractor
 Supplier to Subcontractor
 Supplier to Supplier (i.e. Representative/Wholesaler/Distributor)
 Other _____

5. Is the project: Privately Owned Public Works
 Local, City or State Federal
Contract #: _____
Project#: _____

6. Project Notices: Has the GC or owner filed a notice that the project has commenced?
 Yes (enclose copy) No

7. All Jobs: Is there a payment bond? Yes No
If Yes, give payment bond #: _____
Name of bonding company: _____
Contact Name: _____
Address: _____
City/State/Zip: _____
Phone & Fax: _____

13. Your Document Check List:
 Purchase Order / Contract
 Invoices & Delivery Tickets
 Copies of Waiver of Lien
 Legal description
 Payment Bond
 Joint Check Agreement
 Preliminary Notice
 Other _____

14. Miscellaneous: _____

8. Misc. Project Information:
List other people involved in Project – Architects, Engineers, Title Co., Lenders and any others:

Contact	Co. Name	Address	Phone/Fax	Relation to project
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

**Return this form by
fax to: 847-432-8950**

**BE SURE TO COMPLETE
THE CLAIM DATA SHEET
ON THE REVERSE SIDE**

NATIONAL LIEN & BOND CLAIM SYSTEMS
FOR ALL YOUR NATIONAL – REGIONAL –
LOCAL FILING NEEDS 1-800-432-7799