

POST PRELIMINARY NOTICE FORM

PLEASE SELECT A SERVICE BELOW:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> MECHANICS' LIEN | <input type="checkbox"/> BOND CLAIM | <input type="checkbox"/> STOP NOTICE/CLAIM ON FUNDS | <input type="checkbox"/> MILLER ACT NOTICE |
| <input type="checkbox"/> MECHANICS' LIEN RELEASE | <input type="checkbox"/> BOND CLAIM RELEASE | <input type="checkbox"/> STOP NOTICE RELEASE | <input type="checkbox"/> LIEN EXTENSION |
| <input type="checkbox"/> NOTICE OF NON PAYMENT | <input type="checkbox"/> NOTICE OF INTENT | <input type="checkbox"/> NOTICE OF INTENT NOTICE OF RIGHTS (MO RESIDENTIAL) | |
| <input type="checkbox"/> NOTICE OF CONTRACT | <input type="checkbox"/> NOTICE OF SUBCONTRACT | | |

PLEASE CHOOSE ONE:

- CRFS TO PERFORM THE REQUESTED SERVICES
- CRFS TO REFER THE MATTER TO AN ATTORNEY OF ITS CHOICE

(RECOMMENDED ON BALANCES OVER \$25K)

RUSH PROCESSING \$25

Rush processing required for all jobs assigned with less than 15 business days to deadline. It is optional for all jobs. We begin work on rush jobs the same day they are received.

INSTRUCTIONS

- If CRFS completed the Preliminary Notice for this job, please provide the CRF File Number & complete the **Required Information** section (PART A). (A CRF File Number was issued if you requested a Construction Notice for this job. Check ClientView™ or your Acknowledgement email).
- Please verify any remaining data supplied is correct, and sign/type your name in the Authorized Representative Box. (bottom pg. 2).
- If CRFS did NOT produce the Construction Notice or one was not required, you must complete all 3 parts of this form including (PART C on page 2). In addition, please provide us a copy of your Construction Notice, if one was required.

PART A – REQUIRED INFORMATION

WOULD YOU LIKE TO PLACE THIS FOR RAPID COLLECT & REBATE?

FOR MORE INFORMATION CONTACT STACY FORD 805-823-8032

YES NO

1. Your Company Name:	2. CRFS Client Number:	
3. Requested By	4.: CRF File Number:	
5. Job Name		
6. First Furnishing Date for Materials, Equipment or Labor:	7. Last Furnishing Date for Materials, Equipment or Labor:	
8. Project Completion Date	9. Statement of Account Included?	YES <input type="checkbox"/> NO <input type="checkbox"/>
10. Total Amount Owed: \$	10a. Principal Amount Owed \$	10b. Total Late Charges \$

PART B – JOB INFORMATION

10. Is your contract with the Owner?	YES <input type="checkbox"/> NO <input type="checkbox"/>
11. Is your contract with the General Contractor?	YES <input type="checkbox"/> NO <input type="checkbox"/>
12. Is this a Private job or Public Job?	Private <input type="checkbox"/> Public <input type="checkbox"/>
13. If Private Job please complete Is this a Residence? Please indicate number of units <input style="width: 40px;" type="text"/> Owner Occupied?	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
14. Is there a Notice of Completion?	YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If YES, please provide a copy of the Notice of Completion.</i>
15. Is there a Statement of Account?	YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If YES, please provide a copy of the Statement of Account</i>
17. Is there a Notice of Commencement?	YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If YES, please provide a copy of the Notice of Commencement.</i>
16. Is there a Bond for this job?	YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If YES, please complete items 18a-18c.</i>
17a. Bond Number:	
17b. Bond Company:	
17c. Bond Company Address: Bond Company City, State, Zip:	
18. Is there a Lender for this job?	YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If YES, please complete items 19a-19c.</i>
18a. Loan Number:	
18b. Lender:	
18c. Lender Address: Lender City, State, Zip:	

PART C – MECHANICS LIEN, BOND CLAIM OR STOP NOTICE NEW PLACEMENT

19. Job Information		
Your Branch Number:	Your Job Number:	
Job Name:	Amount Owed: \$	
Address		
City:	State:	ZIP Code
Instructions:		
20. Customer Information		
Customer:	Contact:	
Ref. Num:	Customer Job No.:	
Address:		
City:	State:	ZIP Code
Phone Number:	Fax Number:	
21. General Contractor Information		
Name of Contractor:		
Address:		
City:	State:	ZIP Code:
Phone No.:	Fax No.:	
22. Owner Information		
Name of Owner:		
Address:		
City:	State:	ZIP Code
Phone No.: (if available)	Fax No.: (if available)	
23. Bond Information (If Section 17 "a-c" is complete, you may leave this section blank)		
Name of Bonding Company:		Bond No.:
Address:		
City:	State:	ZIP Code
Phone No. (if available)	Fax No.: (if available)	
24. Lender Information (If Section 18 "a-c" is complete, you may leave this section blank)		
Name of Lender:		Loan No.:
Address:		
City:	State:	ZIP Code
Phone No. (if available)	Fax No.: (if available)	

Please add any additional legal parties on a separate sheet and send with this form.

SIGNATURE I have personal knowledge of this claim and make this request on behalf of my company.	
Name of Authorized Representative	Signature of Authorized Representative <i>(If Sent Electronically, Initials in this Box Signify Agreement)</i>

Client acknowledges that its failure to provide a complete and accurate PPNF to CRFS at least 15 business days prior to the statutory or other deadline for filing the requested lien may leave CRFS unable to timely file the lien as required by applicable law. As such, Client assumes all risks associated with said failure.

Any post preliminary notice request placed with less than 15 business days to record will be charged a RUSH FEE.