

Wasatch Lien Service, LLC  
3165 East Millrock Drive, Suite 500  
Salt Lake City, UT 84121  
Phone: (801) 278-5436  
Fax: (801) 438-2050

**REQUEST TO PREPARE AND RECORD A MECHANIC'S LIEN  
and/or CLAIM AGAINST PAYMENT BOND**

\_\_\_\_\_  
Your Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Your Name E-mail address Phone Number

.....  
Federal, State or Municipal Job  Commercial  Residential

\_\_\_\_\_  
Person or Company that hired you Phone Number Exact Amount Due to Date

\_\_\_\_\_  
Address First AND Last Delivery or Work Dates

\_\_\_\_\_  
City State Zip Brief Description of Material/Labor Provided

\_\_\_\_\_  
Job Name Job Address City County State

.....  
Note: The following information is requested but not required. Information given below will be verified by our office.

Reputed Owner/  
Govt. Agency Name Address

\_\_\_\_\_  
City State Zip Phone Number

Legal Description: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

**AUTHORIZATION AND LIMITED POWER OF ATTORNEY**

The Undersigned, as the authorized representative of (The Company) identified above, hereby appoints Wasatch Lien Service, LLC as its sole and exclusive agent with full power and authority to do, perform, prepare, and execute on its behalf those documents necessary to comply with the Mechanic's Lien statutes of the State in which it has performed labor and/or provided materials for the improvement of that certain real property identified above. It is understood that Wasatch Lien Service, LLC relies on the representation of the undersigned that valid enforceable contracts, written or verbal, exist between The Company and its contracting parties. The Company agrees to indemnify and hold harmless Wasatch Lien Service, LLC for inaccurate or incomplete information provided by The Company or other parties that would result in consequential damages.

Dated: \_\_\_\_\_  
Authorized Representative