

Wasatch Lien Service, LLC

3865 S. Wasatch Blvd., Suite 333
Salt Lake City, UT 84109
Fax: (801) 278-1541

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

Company Name _____
Address _____
City _____ State _____ Zip _____

For Office Use Only
Order No.: _____
Date Received: _____
Date Completed: _____

Your Name _____ Title _____ Phone _____
Federal, State, or Municipal Job Residential Project Non-residential Project

Your Customer _____ Phone _____ 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 _____

_____ Date of 15 Day Notice of Intent

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

Reputed Owner/ _____, _____
Govt. Agency: _____
_____, _____, _____, (_____) _____

Legal Description: _____

County Tax ID. # _____
.....

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