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www.clachicago.com

CLA Rep: _____ Recovery Lien
Complete this form and fax to (773) 635-0088
Source: _____

Your Information:

Business Name: _____
Your Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: (____) _____ Fax: (____) _____ Cell Phone: (____) _____
E-mail: _____

Type of Contract: Written Verbal

Property and Owner Information:

Property You Wish To Place Mechanics Lien Against:
Address: _____ City: _____ State: _____ Zip: _____

Property Owner (if available)

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: (____) _____ Fax: (____) _____ Cell Phone: (____) _____

Other Contractor Information:

General Contractor: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: (____) _____ Fax: (____) _____ Cell Phone: (____) _____

Subcontractor: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: (____) _____ Fax: (____) _____ Cell Phone: (____) _____

You were: Contractor Subcontractor Material Supplier Building: existing residential new residential commercial

Contract Information:

Contract Date: _____ Work Started Date: _____ Work Ended Date: _____

Contract Amount: _____
Additional Work Performed: (not included in original contract) _____
Payments Received: _____
Balance Due: _____
Additional Fees: _____
Lien Fees: _____
Total Amount of Lien: _____

Contractor Lien Advisors is a lien filling service and does not provide legal representation.

Signature: _____ Date: _____

Additional Notes: _____

Paid in Full: Cash Credit Card Check