



P.O. BOX 541417  
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## LIEN REQUEST FORM

YOUR COMPANY NAME: \_\_\_\_\_

NAME CONTRACT WAS IN, IF DIFFERENT: \_\_\_\_\_

YOUR STREET ADDRESS: \_\_\_\_\_

YOUR CITY, STATE, ZIP: \_\_\_\_\_

YOUR PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

JOB START DATE: \_\_\_\_\_

LAST DAY ON THE JOB: \_\_\_\_\_

DESCRIPTION OF LABOR, SERVICES, and MATERIALS SUPPLIED TO JOB:

\_\_\_\_\_  
\_\_\_\_\_

TOTAL AMOUNT OF CONTRACT \$ \_\_\_\_\_

TOTAL STILL UNPAID \$ \_\_\_\_\_

JOB DESCRIPTION (LEGAL DESCRIPTION): \_\_\_\_\_

PERSON YOUR CONTRACT WITH AND ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

CONTRACTOR ADDRESS: \_\_\_\_\_

OWNER: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_

Please be advised that Harmony Management Group, Inc. are NOT attorneys. It is understood that should or my firm suffer any damages as a result of a any documents prepared by Harmony Management Group, Inc., I hereby waive all liability and claims against Harmony Management Group, Inc. for damages and or loss which may occur due to any act, negligence and or inadvertence committed by Harmony Management Group, Inc., its officers or employees in connection with the preparation of the above listed Notice to Owner. Further, it is expressly understood that I hereby waive any claim against Harmony Management Group, INC. that I or my firm have in the future due to the inability of Harmony Management Group, INC. to ascertain who should receive NOTICE TO OWNER copies. I understand that all damages are limited to the fee paid for the service or transaction. Payment is due upon receipt of monthly invoice and agrees to pay an interest rate of 1.5% per month if payment is not made within terms. The customer agrees to pay all collection and reasonable attorney fees involved with collecting said debt. If Harmony Management Group, Inc. suffers any damages as a result of the undersigned actions or representations, the undersigned shall be liable for any and all damages including cost and attorney's fees for Harmony Management Group, Inc. It is also understood that Palm Beach County be the venue in the event of any legal action. I authorized Harmony Management Group, Inc. officers to sign on behalf of myself and my firm for the documents they prepare.

Authorized Agent Signature

Printed Name and Title

\_\_\_\_\_  
Date