



PUBLIC IMPROVEMENT LIEN FORM

Mail to: NYC Department of Finance, Treasury Division, Client Services, 1 Centre Street, Room 2200, New York, NY 10007

Instructions. Please complete, sign and have this application notarized. See notarization on page 3 and mail to the address above.

CONTRACTING/SUBCONTRACTING INFORMATION

Name of City of New York contracting agency: _____

Agency Address: _____
NUMBER AND STREET CITY STATE ZIP CODE

Name of Sub-contractor placing lien: _____

1. Is this the primary place of operation of this business? YES NO

If not, please indicate address for primary place of operation for this business:

NUMBER AND STREET CITY STATE ZIP CODE

2. If address is located outside New York State, please indicate address for primary place of operation of the business within New York State:

NUMBER AND STREET CITY STATE ZIP CODE

3. Please check one: PARTNERSHIP* CORPORATION

*If you checked "partnership", indicate names of partners:

FIRST NAME LAST NAME FIRST NAME LAST NAME

FIRST NAME LAST NAME FIRST NAME LAST NAME

4. Contractor's Business Address: _____
NUMBER AND STREET CITY STATE ZIP CODE

CERTIFICATION

I, _____ of _____
FIRST NAME LAST NAME POSITION

the above-named corporation/partnership, hereby notify the City of New York that this company is placing a lien against:

_____ in the amount of \$ _____, representing the value plus
NAME OF PRIMARY CONTRACTOR
interest of labor performed and material provided under Comptroller's Contract Registration Number: _____

with: _____, which was due on _____ / _____ / _____
NAME OF CITY AGENCY MONTH DAY YEAR

for public improvement construction being performed by the following company, and this relates to all monies due and owing on the contract with the above-mentioned City of New York agency.

PRIMARY CONTRACTOR INFORMATION

List the name and address of contractor on line 1 and 2 that hired my company to perform labor and provide materials for the aforementioned construction job: Enter and complete Items 3-6, if applicable.

1. Name: _____

2. Address: _____
NUMBER AND STREET CITY STATE ZIP CODE

3. Description of work performed: _____

4. Description of material provided, or made: _____

5. Description of materials actually manufactured but not delivered: _____

6. Describe the purpose of the public improvement contract: _____

CERTIFICATION

I hereby verify that the labor was actually performed and the materials were provided specifically to fulfill the above-mentioned contract. I further verify that it has not been more than 30 days since this public improvement was accepted and completed. Finally, I verify that all statements made in this document are based on what I believe to be accurate information.

 Signature (The name signed must be printed beneath)

_____/_____/_____
 Date:

 Printed Name

NOTARIZATION PAGE

CORPORATION

STATE OF
COUNTY OF

I, _____, representing: _____
FIRST NAME LAST NAME NAME OF COMPANY

do hereby verify that I am the _____ of a domestic corporation. I understand the facts stated
POSITION IN COMPANY
 within this document, and affix my signature as a sign that I allege this information is true.

Sworn to before me

this _____ day of _____, 20_____

 Notary Public

PARTNERSHIP/INDIVIDUAL

STATE OF
COUNTY OF

I, _____, do hereby swear and verify that I am the person
FIRST NAME LAST NAME

filing this lien and that, to the best of my knowledge, all of the statements contained in it are true

Sworn to before me

this _____ day of _____, 20_____

 Notary Public

AFFIDAVIT OF SERVICE

STATE OF
COUNTY OF

I, _____, do hereby state that I am an adult over the age of 18,
FIRST NAME LAST NAME

and that I served this Notice of Lien on the contractor, _____
FIRST NAME LAST NAME

at the following address: _____
NUMBER AND STREET CITY STATE ZIP CODE

Service was made by mailing a properly addressed copy of this notice via certified mail, postpaid, using an authorized maildrop of the United States Postal Service.

Sworn to before me

this _____ day of _____, 20_____

 Notary Public