



# PUBLIC IMPROVEMENT LIEN FORM

Mail to: NYC Department of Finance, Collections Division, OCA/External Inquiry, 59 Maiden Lane, 24th Floor, New York, NY 10038

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

\_\_\_\_\_  
TELEPHONE NUMBER E-MAIL ADDRESS

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

\_\_\_\_\_  
TELEPHONE NUMBER E-MAIL ADDRESS

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 the contractor hired to perform labor and provide materials for the aforementioned construction job. Enter and complete lines 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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 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