

CITY AND COUNTY OF SAN FRANCISCO

STOP NOTICE LIEN

1 Dr. Carlton B. Goodlett Place # 396 S.F., California 94102 (415) 554-7513 Fax # 554-7578

* Original Stop Notice Amended Stop Notice

1. Primary Contractor: _____
Address: _____
City: _____ Zip Code _____
Name of a Contact Person: _____
Telephone Number: (____) _____ Fax Number: (____) _____

2. Contract or Job Number: _____ Dept Name & Number: _____

3. Claimant Furnished: Labor Material Supplies Equipment

4. Give Name of Location and brief description of worked performed:

5. The Total Amount request: \$ _____

6. Name of Company filing Lien: _____

Mailing Address: _____

City: _____ Zip Code: _____

Telephone Number (☎) _____ Fax # (☎) _____

Name of a Contact Person: _____

I certify under penalty of perjury that the foregoing is true and correct.

Signature

Date