

**MEMORANDUM FOR MECHANIC'S LIEN
CLAIMED BY GENERAL CONTRACTOR
UNDER VIRGINIA CODE § 43-5**

..... Circuit Court

.....
ADDRESS

..... TELEPHONE NUMBER

.....
PARCEL IDENTIFICATION NUMBER/TAX MAP NUMBER

.....
NAME OF OWNER

.....
NAME OF CLAIMANT

.....
ADDRESS OF OWNER

.....
ADDRESS OF CLAIMANT

.....
CONTRACTOR LICENSE OR CERTIFICATE NO. OF CLAIMANT
(IF APPLICABLE)

.....
ISSUANCE DATE OF LICENSE OR CERTIFICATE (IF APPLICABLE)

.....
EXPIRATION DATE OF LICENSE OR CERTIFICATE (IF APPLICABLE)

If no contractor license or certificate number is included, the claimant certifies that such a valid license or certificate is not required by law for the work done for which the benefit of a lien is claimed.

1. Type of materials or services furnished:

.....
2. Amount claimed: \$
If any part of the Amount claimed is not due as of the date of this mechanic's lien, identify the date or event upon which it will be due and the sum(s) to which the due date(s) or event(s) apply:

.....
3. Type of structure on which work done or materials furnished:

.....
4. Brief description and location of real property:

.....
5. Date from which interest on the above amount is claimed:
DATE

It is the intent of the claimant to claim the benefit of a lien. The undersigned hereby certifies to having mailed a copy of this memorandum of lien to the owner of the property at the property owner's last

known address,
ADDRESS

..... On
DATE OF MAILING

..... DATE SIGNATURE OF CLAIMANT

AFFIDAVIT

State of Virginia

County or City of, to wit:

I,, of the county (or city) aforesaid, do certify that
NOTARY OR OTHER OFFICER

....., claimant, or, agent
for claimant, this day made oath before me in my county (or city) aforesaid that

....., owner, is justly indebted to claimant in
the sum of \$ dollars, for the consideration stated in the foregoing
memorandum, and that the same is payable as therein stated.

Given under my hand this day of, 20

.....
[] CLERK [] DEPUTY CLERK [] NOTARY

Registration No. My commission expires

This instrument was admitted to record at
DATE TIME

....., Clerk by, Deputy Clerk