

NOTICE OF CONTEST OF LIEN
(SECTION 713.22(2), F.S.)

STATE OF FLORIDA
COUNTY OF GADSDEN

TO: _____

You are notified that the undersigned contests the Claim of Lien filed by you on _____, 20____, and recorded in Official Records Book _____ Page _____, of the public records of Gadsden County, Florida, and that the time within which you may file suit to enforce your lien is limited to 60 days from the date of service of this Noitce.

DATED this _____ day of _____, 20_____.

Signature

Print Name

STATE OF FLORIDA
COUNTY OF GADSDEN

The foregoing was acknowledged before me this _____ day of _____, 20____, by _____, who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

Signature of Notary Public

Print Name

STATE OF FLORIDA
COUNTY OF GADSDEN

I, Nicholas Thomas, Clerk Circuit Court, do hereby certify that I have on this _____ day of _____, mailed a copy of this NOTICE OF CONTEST OF LIEN to the above named individual by certified mail, return receipt requested.

BY: _____
Deputy Clerk