# 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*

***Preliminary Notice must be filed with the Primary.***
You can retrieve this form on the Internet. http://sfgov.org/site/controller_index.asp?id=1368.
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***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 aContact Person:***_____

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

_____ _____

*Signature* *Date*