

## **WORKERS RELEASE OF LIEN** & REPRESENTATION OF PAYMENT

Ema

1475 Jillbarr Court Benicia, CA 94510 800.820.5656 bill@calform.com

CA License No. XXXXXX Building Contractor

Owner's Name: Owner's Address JOHN Q. CUSTOMER 949 GRANT STREET. SUITE 4A Owner's Work Phone Owner's City Owner's Zip Code Owner's Phone **BENICIA** 94510 707.747.4735 800.820.5656 Project Name & Address 747 Boeing St., Ste. 757, Benicia, CA 94510

Each of the undersigned represents and swears:

1. That he/she has been fully paid for any and all work, on the Owner's project listed including the date of 8-10-09THIS IS THE

n/her, up to and

WORKERS RELEASE OF LIEN AND REPRESENTATION

2. That he/she here he/ she has **OF PAYMENT- FORM LLR** This form is to be used when the prime or general or may have a contractor needs to "check up" on a subcontractor to make sure that subcontractor is paying his for labor pe workmen out of the funds he is receiving. It is also used when your customer "demands" a labor release

from everyone "who has worked on their job" before giving you payment. More and more, consumer funds for commend that home owners, in particular, get this type of release before paying

their contractor... so keep this form on hand when this happens! 4. That the undersign ned make this declaration with the full knowledge RACTOR", shall

ENFORCEABLE AGAINST YOU IF YOU SIGN

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arrants the above workers, laborers, and mechanics actual. or upon the real property mentioned above, uuring the times set forth above, and that said workers, laborers, and mecuaat date and that the above is the complete list of names of all the workers, laborers, and mechanics employed on this project during this time period by CONTRACTOR.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this verification was

Executed on <u>September 30</u>, 2009, at <u>San Jose</u> , California. (Date of signature) (City where signed)

(Personal signature of the employer of the above labor)