

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

STATE OF FLORIDA
COUNTY OF BAY

TO: _____

You are notified that the undersigned contests the Claim of Lien filed by you on this _____ day of _____, 20_____, and recorded in Official Records Book _____ page _____, of the public records of Bay 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 notice.

DATED this _____ day of _____, 20__

Signature

Print Name

STATE OF FLORIDA
COUNTY OF BAY

SWORN TO, SUBSCRIBED AND ACKNOWLEDGED BEFORE ME BY MEANS OF () PHYSICAL PRESENCE OR () ONLINE NOTARIZATION, ON THIS _____ DAY OF _____, 20____ BY _____, WHO () IS PERSONALLY KNOWN TO ME OR () PRODUCED IDENTIFICATION _____.

BILL KINSAUL, CLERK OF COURT & COMPTROLLER

Signature of Notary Public/Deputy Clerk

Print Name

STATE OF FLORIDA
COUNTY OF BAY

I, BILL KINSAUL, CLERK OF COURT & COMPTROLLER do hereby certify that I have on this _____ day of _____, 20____, mailed a copy of this NOTICE OF CONTEST OF LIEN to the above named individual by certified mail, return receipt requested.

BY: _____ Deputy Clerk