## **APPENDIX 25**

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

	ADDRESS		TELEPHONE NUMBER
	ADDRESS	0.00	TELEPHONE NUMBER
	TAX MAP REFERENCE	Or	PARCEL IDENTIFICATION 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 APPLICABL
			EXPIRATION DATE OF LICENSE OR CERTIFICATE (IF APPLICABI
	Type of materials or services furnished	:	
2.	Amount claimed: \$	ot due as	of the date of this mechanic's lien, identify the
	Amount claimed: \$	ot due as and the s	of the date of this mechanic's lien, identify the sum(s) to which the due date(s) or event(s) app
3.	Amount claimed: \$	and the s	of the date of this mechanic's lien, identify the sum(s) to which the due date(s) or event(s) app
3.	Amount claimed: \$	and the s	of the date of this mechanic's lien, identify the sum(s) to which the due date(s) or event(s) app
3.	Amount claimed: \$	ot due as and the some or materi	of the date of this mechanic's lien, identify the sum(s) to which the due date(s) or event(s) applications als furnished:

It is the intent of the claimant to claim mailed a copy of this memorandum of						
known address,						
		ADDRESS				
		on	DATE OF N			
DATE	SIGNATURE OF CLAIMANT					
AFFIDAVIT State of Virginia						
County or City of				, to wit:		
I,NOTARY OR OTHER OFFICER	notary or other officer, of the county (or city) aforesaid, do certify that					
for claimant, this day made oath before				, agent		
				indebted to claimant in		
the sum of \$memorandum, and that the same is pay	(	dollars, for the con				
Given under my hand this		day of		, 20		
-		[ ] CLERK	[ ] DEPUTY CLERK [ ]	NOTARY		
F	Registration No My commission expires					
This instrument was admitted to record	1		at			
This modulinent was admitted to record	4	DATE		TIME		
	Clerk	by		, Deputy Clerk		