

Becky P. Patin

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REQUEST FOR LIEN FREE CERTIFICATE

DATE REQUESTED: \_\_\_\_\_

DATE COMPLETED: \_\_\_\_\_

DEAR SIR:

YOU ARE REQUESTED TO ISSUE A LIEN FREE CERTIFICATE:

CONTRACTOR'S NAME(S):

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CONTRACT:

BOOK \_\_\_\_\_ PAGE / FOLIO \_\_\_\_\_ INSTRUMENT #: \_\_\_\_\_

ACCEPTANCE:

BOOK \_\_\_\_\_ PAGE / FOLIO \_\_\_\_\_ INSTRUMENT #: \_\_\_\_\_

YOURS VERY TRULY,

\_\_\_\_\_  
APPLICANT