

LIEN ON US

2816 N. Golden State Blvd • Madera, CA 93637
 Toll Free 800-641-5436 or 559-673-9062 * Fax 559-673-9064

Website: www.lienonus.com
 Email: lienonus05@yahoo.com

Registration Service License #80925

Your Name: _____ Phone: _____ Fax: _____
 Mailing Address: _____ City: _____ St: _____ Zip: _____
 Storage Address: _____ City: _____ St: _____ Zip: _____
 Contact Person: _____ Date: _____ Page: _____

*For Over \$4000 liens, please provide the name and address of the person who authorized the storage or abandoned the vehicle on your property. The lien cannot be done without it.

**Please provide as much information about the vehicle as possible; such as the reason you have possession of the vehicle, who abandoned the vehicle, etc.

ATTN: If you purchased the vehicle without the proper paper work, you CANNOT place a lien on it to obtain the title. That is not a legal reason to do a lien.

Circle Vehicle Value

PLEASE PRINT CLEARLY AND COMPLETE ALL APPLICABLE FIELDS

Names/Addresses/Towed From/Reason**

Value	Type	For Office Use Only	Lien #	Searched	By	M/C Engine #:													
\$501 to \$4000	Private	Possession Date	Vehicle Year	Make	Model	License Plate/State/Exp													
		Towing Amount (if app) \$	Date of Last Contact***	Mark condition of vehicle (may be verified by DMV) <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor				Mileage											
Over \$4000*		Daily Storage Rate \$	Vin# 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17

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I, the undersigned, hereby certify under penalty of perjury, that I have supplied Lien On Us with the names and addresses of any and all parties known by me to have an interest in the above mentioned vehicle(s) and all such parties are listed on this form. I also understand that this lien is being processed based upon the information I provided and I hold Lien On Us harmless from any legal action arising out of the processing of this lien, including, but not limited to, judgments, attorney fees, court costs, omissions or errors under any circumstances. I certify under penalty of perjury under the laws of the State of California that the information I have provided is true and correct.

Please Note: \$25 Returned Check Fee & No Refunds

Signature: _____ Print: _____ Date: _____