

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

Self Storage Facility: _____ Phone: _____ Fax: _____
 Mailing Address: _____ City: _____ St: _____ Zip: _____
 Storage Address: _____ City: _____ St: _____ Zip: _____
 Bus. Lic #: _____ Contact Person: _____ Date: _____ Page: _____

***The name and address of the person that authorized the storage is required. The lien cannot be done without it.**

Please Circle

PLEASE PRINT CLEARLY AND COMPLETE ALL APPLICABLE FIELDS

*Name & address of tenant:

Value Over \$1500 Boat <input type="checkbox"/> Trailer <input type="checkbox"/>	Type Self Storage Facility	For Office Use Only		Lien #		Searched		By		Boat w/Trailer? Yes <input type="checkbox"/> No <input type="checkbox"/>								
		Storage Start Date		Vehicle Year		Make		Model		CF/License Number:								
		Total Amount Owed		Date of Last Stg Payment		Date Owner Last Billed		Boat Length		License State/Exp								
		\$																
Daily Storage Rate		Hull/Vin	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: _____