

**SUBCONTRACTOR MECHANICS
LIEN CLAIM**

STATE OF ILLINOIS

COUNTY OF [COUNTY], SS:

LIEN CLAIMANT:

Name: _____

Street Address: _____

City, State, Zip: _____

Contact Person (if company): _____

PROPERTY OWNER:

Name: _____

Street Address: _____

City, State, Zip: _____

Contact Person (if company): _____

ORIGINAL CONTRACTOR:

Name: _____

Street Address: _____

City, State, Zip: _____

Contact Person (if company): _____

OTHER INTEREST HOLDERS:

[list any other interest holders the claimant is aware of, and their addresses]

and the spouse of any individual herein named, and all unknown and unrecorded claimants.

SUBJECT PROPERTY:

Street Address: _____

City, State, Zip: _____

Legal Description: _____