



Far West Credit Services

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LIEN WORKSHEET

NAME OF YOUR COMPANY: _____

COMPANY ADDRESS: _____

YOUR NAME: _____ TITLE: _____

PHONE: _____ FAX: _____

JOB SITE ADDRESS: _____

CONTRACTOR/PROPERTY OWNER ORDERING WORK FROM YOU: _____

YOU ARE: THE ORIGINAL CONTRACTOR

SUBCONTRACTOR

LABOR AMOUNT: _____ MATERIAL AMOUNT: _____

EQUIPMENT: _____ OTHER: _____

TOTAL AMOUNT FOR ENTIRE JOB: _____

(Total must equal labor/material/equipment/other/ combined)

TOTAL PAID: _____ TOTAL OWED: _____

DATE WHEN NOTICE OF RIGHT TO LIEN WAS SENT: _____

DATE OF FIRST DAY ON JOB: _____

DATE OF LAST DAY ON JOB: _____