

PRELIMINARY LIEN INFORMATION
PLEASE RETURN COMPLETED FORM TO: SHIELDS, HARPER & CO.
FAX: 510-658-8448 Attn: Eric Liming or Eliming@shieldsharper.com

JOB INFORMATION

PUBLIC WORK or PRIVATE WORK

CONTRACT #:	PO #	S/O #	Customer Acct #:	SHC Rep:
SPECIFIC PROJECT NAME (REQUIRED):				
TOTAL PROJECT VALUE: \$				
SITE ADDRESS:				

SHIELDS, HARPER CUSTOMER

GENERAL or SUB

COMPANY:
CONTACT:
ADDRESS:
PHONE/FAX:

PROPERTY OWNER INFORMATION

COMPANY:
CONTACT:
ADDRESS:
PHONE/FAX:

TENANT/PROJECT OWNER INFORMATION

COMPANY:
ADDRESS:
PHONE/FAX:

GENERAL CONTRACTOR

COMPANY:
CONTACT:
ADDRESS:
PHONE/FAX:

CONTRACTOR'S BONDING COMPANY, if any _____ **BOND #** _____

ADDRESS:
PHONE/FAX:

OWNER'S LENDER

BANK NAME:	BRANCH:
ADDRESS:	
PHONE/FAX:	

DESCRIPTION OF JOB EQUIPMENT:
