

Conditional Lien Waiver

Prepared with Signathing. Roles: Claimant.

Some states prescribe the exact wording of a lien waiver by statute, and a waiver in another form may not work there. Check the law of the state where the project is located, or ask a lawyer, before using this form on a project in that state.

1. Project and parties

Claimant (the contractor, subcontractor or supplier giving this waiver): _____

Customer (the party who hired the Claimant): _____

Owner: _____

Project name and address: _____

State where the project is located: _____

2. Payment this waiver covers

Progress payment amount (\$): _____

Check number, transfer reference or pay application number: _____

Through date (work and materials covered): _____

3. Conditional waiver and release

On receipt by the Claimant of the payment described above, in the amount stated, and only when that check or transfer has been paid by the bank it was drawn on, this document becomes effective to release any mechanics lien, stop payment notice, bond right or other claim the Claimant has for labor, services, equipment or materials furnished to the Customer on the Project through the through date, except as stated in section 4. Until that payment clears, this waiver has no effect and the Claimant's rights continue.

4. Exceptions

This waiver does not cover retention held, extras or change orders for which payment has not been received, items furnished after the through date, contract rights such as the right to be paid for work not yet billed, or the disputed items listed below.

Disputed claims or unpaid extras excluded (\$ and description), or none: _____

Retention held and not waived (\$): _____

5. Claimant's statements

The Claimant has paid, or will pay from this payment, every subcontractor, supplier and worker it owes for the work and materials covered by this waiver, and no other party has a claim through the Claimant for that work. The person signing is authorized to sign for the Claimant.

Signer's title at the Claimant: _____

☐ I am authorized to sign this waiver for the Claimant

Signatures

Claimant

Signature

Date

Printed name