Prepared by:

_____

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_____

Return to:

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NOTICE OF CONTEST OF LIEN
Section 713.22(2), F.S.

To: _____
Name of Lienor

_____
Address of Lienor

You are notified that the undersigned contests the Claim of Lien filed by you on _____, 20___, and recorded in Official Records Book _____, Page _____, of the Official Records of Brevard County, Florida. The time within which you may file suit to enforce your lien is limited to 60 days from the date of service of this notice.

_____
Date

_____
Signature (Owner or Attorney)

_____
Printed Name

_____
Address

_____
City, State, Zip

STATE OF FLORIDA
COUNTY OF BREVARD

I, Scott Ellis, Clerk of the Circuit Court, do hereby certify that a copy of this Notice of Contest of Lien has been sent by certified mail this _____ day of _____, 20____.

_____
Deputy Clerk