

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

STATE OF FLORIDA
COUNTY OF LEON

TO: _____

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 public records of Leon County, Florida, and that the time within which you may file suit to enforce your lien is limited to 60 days from the date of service of this Noitce.

DATED this _____ day of _____, 20_____.

Signature

Print Name

STATE OF FLORIDA
COUNTY OF LEON

The foregoing was acknowledged before me by means of [☐] physical presence or [☐] online notarization, this _____ day of _____, 20____, by _____ who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

Gwen Knight, Leon Co. Clerk of the Circuit Court & Comptroller

Signature of Notary Public/Deputy Clerk

Print Name

STATE OF FLORIDA
COUNTY OF LEON

I, Gwen Knight, Leon Co. Clerk of the Circuit Court & Comptroller do hereby certify that I have on this _____ day of _____, mailed a copy of this NOTICE OF CONTEST OF LIEN to the above named Lienor and to the owner or owners Attorney as shown on the recorded Claim of Lien by certified mail, return receipt requested.

BY: _____
Deputy Clerk