

Prepared by:

Return to:

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, Rachel M. Sadoff, 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