

CONTRACTORS ADJUSTMENT COMPANY
FAX REQUEST FORM FOR LIENS AND NOTICE OF CLAIMS

PHONE: 847-374-9402 FAX: 847-374-9407

***** PLEASE CALL TO CONFIRM FAX HAS BEEN RECEIVED *****

CLIENT INFORMATION (your company)

Company Name: _____ Phone #: _____
Requested By: _____ Fax #: _____
Email Address: _____

JOB/PROJECT INFORMATION

Type of Project (Choose Only One)

Condo Single Family Home Municipal/Government
Townhouse School Commercial/Industrial
Other _____

NAME AND ADDRESS OR EXACT LOCATION (be very specific)

LEGAL DESCRIPTION:

Lot #: _____ Pin #: _____ Subdivision: _____ Phase/Unit#: _____

Property Owner Name, Trust Company and/or Title Company (Escrow) and Address:

Were Waivers Issued for the Outstanding Balance?

YES NO

FINANCIAL INFORMATION

ORIGINAL CONTRACT AMOUNT \$ _____ Date of Contract: _____
SIGNED CHANGE ORDERS \$ _____ First Date of Labor or Material: _____
(Signed by Subcontractor/Contractor)
UNSIGNED CHANGES/EXTRAS \$ _____ *Last Date Material Supplied
or Significant Work: _____

CREDITS \$ _____
WORK NOT PERFORMED \$ _____
PAYMENTS \$ _____
BALANCE DUE* \$ _____

* Last Day of work does NOT
INCLUDE date of repair,
warranty or remedial work nor
Punch-List and NOT the invoice
date but actual date of
performance.

***** Do not include Finance**
Charges or work to be completed
in balance

CAC Client Name _____ Job Address _____

ADDITIONAL PROJECT INFORMATION

Position in Project (Check Only One)

Prime Contractor Subcontractor Supplier to Subcontractor
General Contractor Subcontractor to Subcontractor Supplier to Supplier

YOUR FIRM CONTRACTED WITH WHOM?

Please provide name, address, phone #, e-mail and principal as shown on contract/credit application

IF ABOVE IS NOT THE GC, Please provide name, address, phone #, email and principal of the General Contractor (GC) and any subcontractor between you and the GC.

SERVICES PROVIDED - Please check ONE of the following

Labor Only Material Only Labor and Material
Rental Equipment Only Rental Equipment w/operator Other _____

Please give brief description of services provided (DO NOT LEAVE THIS BLANK)

ADDITIONAL INSURED (can provide copy of insurance cert)

PLEASE COPY AND ATTACH THE FOLLOWING TO THIS EMAIL/FAX: (Mandatory!!!)

- Written Contract (First three pages and signature page)
- First and Last Invoice and/or Purchase Order
- Final Signed Change Order
- Credit Application
- Any other documents you think will be helpful for us to have in the file