

LIEN ON US

2816 N. Golden State Blvd • Madera, CA 93637
 Toll Free 800-641-5436 or 559-673-9062 * Fax 559-673-9064

Website: www.lienonus.com
 Email: lienonus05@yahoo.com

Registration Service License #80925

Self Storage Facility: _____ Phone: _____ Fax: _____

Mailing Address: _____ City: _____ St: _____ Zip: _____

Storage Address: _____ City: _____ St: _____ Zip: _____

Business License#: _____ Contact Person: _____ Date: _____ Page: _____

***The name and address of the person that authorized the storage is required. The lien cannot be done without it.**

PLEASE PRINT CLEARLY AND COMPLETE ALL APPLICABLE FIELDS

Name/address of person that stored item

Over \$4000	Self Storage Facility	For Office Use Only	Lien # _____	Searched _____	By _____	M/C Engine #:												
		Possession Date _____	Vehicle Year _____	Make _____	Model _____	License Plate _____												
		Date of Last Stg Payment _____	Date Owner Last Billed _____				State Registered/Exp Date											
		Daily Storage Rate \$ _____	Vin# 1 _____	2 _____	3 _____	4 _____	5 _____	6 _____	7 _____	8 _____	9 _____	10 _____	11 _____	12 _____	13 _____	14 _____	15 _____	16 _____

Over \$4000	Self Storage Facility	For Office Use Only	Lien # _____	Searched _____	By _____	M/C Engine #:												
		Possession Date _____	Vehicle Year _____	Make _____	Model _____	License Plate _____												
		Date of Last Stg Payment _____	Date Owner Last Billed _____				State Registered/Exp Date											
		Daily Storage Rate \$ _____	Vin# 1 _____	2 _____	3 _____	4 _____	5 _____	6 _____	7 _____	8 _____	9 _____	10 _____	11 _____	12 _____	13 _____	14 _____	15 _____	16 _____

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		Daily Storage Rate \$ _____	Vin# 1 _____	2 _____	3 _____	4 _____	5 _____	6 _____	7 _____	8 _____	9 _____	10 _____	11 _____	12 _____	13 _____	14 _____	15 _____	16 _____

I, the undersigned, hereby certify under penalty of perjury, that I have supplied Lien On Us with the names and addresses of any and all parties known by me to have an interest in the above mentioned vehicle(s) and all such parties are listed on this form. I also understand that this lien is being processed based upon the information I provided and I hold Lien On Us harmless from any legal action arising out of the processing of this lien, including, but not limited to, judgments, attorney fees, court costs, omissions or errors under any circumstances. I certify under penalty of perjury under the laws of the State of California that the information I have provided is true and correct.

Please Note: \$25 Returned Check Fee & No Refunds

Signature: _____ Print: _____ Date: _____