

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

Towing Company: _____ Phone: _____ Fax: _____

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

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

Contact Person: _____ Date: _____ Page: _____

*For Over \$4000 liens, please provide the name and address of the person who authorized the storage or abandoned the vehicle on your property. The lien cannot be done without it.
 **Please provide as much information about the vehicle as possible; address towed from, reason towed, requesting person, etc.
 ***Liens must be started between the 3rd and 14th day of your possession. If you purchased the vehicle without the proper paperwork, you CANNOT do a lien, it is not legal.

Circle Vehicle Value

PLEASE PRINT CLEARLY AND COMPLETE ALL APPLICABLE FIELDS

Names/Addresses/Towed From/Reason**

Value	Type	For Office Use Only	Lien #	Searched	By	M/C Engine #:													
\$501 to \$4000	Private	Possession Date***	Vehicle Year	Make	Model	License Plate/State													
		Towing Amount \$	Law Enforcement Notified? Yes <input type="checkbox"/> No <input type="checkbox"/>	Mark condition of vehicle (may be verified by DMV) <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor			Mileage												
Over \$4000*		Daily Storage Rate \$	Vin# 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17

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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: _____