Discharge of Construction Lien Claim

TO THE RECORDING OFFICER, COUNTY OF

1. the Claimant whos	se manie is					
and whose address is						
by	ION LIEN CLAIM aga			the "Property") ov , materials or equip		d i
2. The Property is described as Lot County of , State of New .		, on the Tax Map of the ersey.		of	,	
3. The lien claim was	filed on	as No.	in Book	at Page		
4. A Notice of Unpaid Page .	d Balance and Right to F	File Lien (if any) was filed	as No.	in Book	at	
	•	corded in Book norize the CONSTRUCT	at Page ION LIEN to l	De DISCHARGEI	D.	
Date:	Signed:					
	Name/Title: On Behalf of:		_			
Note: This form must	be signed by the Claima	nt or the Attorney for the	Claimant.			
	Acknowledg	ments (Complete Appli	cable One)			
STATE OF I CERTIFY that on	, COUNTY OF	SS	S:			
(a) was the maker of		atisfaction that this person act.	(or if more tha	n one, each person)):	
		Notary	Public		_	
STATE OF I CERTIFY that on	, COUNTY C)F	SS:			
(a) was the maker of	this instrument	atisfaction that this person		n one, each person)		
entity named in this in	and did execute this inst strument; and, ament as the act of the e		of			the
		Notary	Public			
RECORD AND RET	URN TO:					