

WAIVER OF LIEN

Owner Information

Owner(s): _____

Address: _____

Loan #: _____

Contractor Information

Business Name: _____

Address: _____

Contractor License #: _____

Date: _____, 20_____.

For the amount of \$_____ being held by IncredibleBank., to be paid upon receipt of this lien waiver, I/we hereby waive my/our rights and claims on land and on buildings about to be erected, being erected, erected, altered or repaired and to the appurtenances thereunto, for:

Owner(s) Signature: _____

Being situated in _____ COUNTY, STATE OF _____

Described as:

Contractor Business Name: _____

Contractor Representative's Name: _____

Contractor Signature: _____

Please sign and return by fax to 715-348-1665.

Additionally, the signed original must be mailed to:

IncredibleBank
Loan Servicing - Hazard Ins. Claims
327 N 17th Ave.
Wausau, WI 54401