

CALIFORNIA PRELIMINARY 20-DAY NOTICE - PRIVATE WORK

THIS IS NOT A LIEN. THIS NOTICE IS GIVEN PURSUANT TO CALIFORNIA CIVIL CODE §§ 3097, 3098 and 3259.5

NOTICE TO PROPERTY OWNER

IF BILLS ARE NOT PAID IN FULL FOR THE LABOR, SERVICES, EQUIPMENT, OR MATERIALS FURNISHED OR TO BE FURNISHED, A MECHANICS' LIEN LEADING TO THE LOSS, THROUGH COURT FORECLOSURE PROCEEDINGS, OF ALL OR PART OF YOUR PROPERTY BEING SO IMPROVED MAY BE PLACED AGAINST THE PROPERTY EVEN THOUGH YOU HAVE PAID YOUR CONTRACTOR IN FULL. YOU MAY WISH TO PROTECT YOURSELF AGAINST THIS CONSEQUENCE BY (1) REQUIRING YOUR CONTRACTOR TO FURNISH A SIGNED RELEASE BY THE PERSON OR FIRM GIVING YOU THIS NOTICE BEFORE MAKING PAYMENT TO YOUR CONTRACTOR OR (2) ANY OTHER METHOD OR DEVICE THAT IS APPROPRIATE UNDER THE CIRCUMSTANCES.

OTHER THAN RESIDENTIAL HOMEOWNERS OF DWELLINGS CONTAINING FEWER THAN FIVE UNITS, PRIVATE PROJECT OWNERS MUST NOTIFY THE ORIGINAL CONTRACTOR AND ANY LIEN CLAIMANT WHO HAS PROVIDED THE OWNER WITH A PRELIMINARY 20 DAY LIEN NOTICE IN ACCORDANCE WITH SECTION 3097 OF THE CIVIL CODE THAT A NOTICE OF COMPLETION OR NOTICE OF CESSATION HAS BEEN RECORDED WITHIN 10 DAYS OF ITS RECORDATION. NOTICE SHALL BE BY REGISTERED MAIL, CERTIFIED MAIL, OR FIRST CLASS MAIL, EVIDENCED BY A CERTIFICATE OF MAILING. FAILURE TO NOTIFY WILL EXTEND THE DEADLINES TO RECORD A LIEN.

TO:

	OWNER OR REPUTED OWNER	ORIGINAL CONTRACTOR OR REPUTED CONTRACTOR	CONSTRUCTION LENDER OR REPUTED CONSTRUCTION LENDER
Name:	_____	_____	_____
Address:	_____	_____	_____

YOU ARE HEREBY NOTIFIED THAT

Name: _____

Address: _____

HAS FURNISHED OR WILL FURNISH LABOR, SERVICES, EQUIPMENT OR MATERIAL OF THE FOLLOWING GENERAL DESCRIPTION:

FOR THE BUILDING, STRUCTURE OR OTHER WORK OF IMPROVEMENT LOCATED AT:

Address: _____

or Description: _____

THE PERSON OR FIRM WHO CONTRACTED FOR THE PURCHASE OF SUCH LABOR, SERVICES, EQUIPMENT OR MATERIAL IS:

Name: _____

Address: _____

AN ESTIMATE OF THE TOTAL PRICE OF LABOR, SERVICES, EQUIPMENT OR MATERIAL FURNISHED OR TO BE FURNISHED IS:

Amount: \$ _____.

TRUST FUNDS TO WHICH SUPPLEMENTAL FRINGE BENEFITS ARE PAYABLE (IF APPLICABLE) ARE:

Name: _____

Address: _____

PROOF OF SERVICE AFFIDAVIT

I, _____, declare that I served copies of the above **CALIFORNIA PRELIMINARY 20-DAY NOTICE— PRIVATE WORK** (check appropriate box):

a. By personally delivering copies to _____ (name(s) and title(s) of person served) at _____ (address),
on _____, _____ (date), at _____ .m. (time)

b. By First Class Certified Return Receipt Requested or Registered Mail service, postage prepaid, addressed to each of the parties at the addresses shown above on _____, _____ (date).

I declare under penalty of perjury that the foregoing is true and correct.

Signed at _____, California, on _____, _____ (date).