

NOTICE OF CONTEST OF LIEN
(Section 713.22(2), F.S.)

STATE OF FLORIDA
COUNTY OF SEMINOLE

TO: _____

You are notified that the undersigned contests the claim of lien filed by you on, _____, _____(year), and recorded in Official Records Book _____, Page _____, of the public records of Seminole County, Florida, and that the time within which you may file suit to enforce your lien is limited to 60 days from the date of service of this notice.

DATED this _____ day of _____, 20 _____.

Signature

Print Name

STATE OF FLORIDA
COUNTY OF SEMINOLE

I hereby certify that a true and correct copy of the foregoing Notice of Contest of Lien has been mailed to _____ by first class mail this _____ day of _____, 20 _____.

MARYANNE MORSE
CLERK OF THE CIRCUIT COURT

By: _____
Deputy Clerk