

PARTIAL LIEN WAIVER AND RELEASE UPON PROGRESS PAYMENT

Project Name: _____ Payment Amount (USD): _____

Owner / General Contractor:

Name: _____

Address: _____

Contact Person: _____

Supplier / Subcontractor:

Name: _____

Address: _____

Contact Person: _____

Property / Project Description:

Description: _____

Lien Waiver and Release:

For and in consideration of the payment referenced above and the progress payment made to Supplier/Subcontractor, the undersigned hereby waives and releases any and all lien rights, stop notice rights, and claims for payment on the Project for work, labor, services, equipment, or materials furnished to the date of this waiver, but only to the extent of the amount paid. This waiver and release is limited to the payment amount stated herein and does not waive or release any rights or claims to amounts not yet paid or earned. Supplier/Subcontractor certifies that all payrolls, bills for materials and equipment, and other indebtedness connected with the work for which a lien or stop notice could be filed have been paid through the date of this waiver. Supplier/Subcontractor further warrants that it has no knowledge of any lien or claim arising out of or related to the work covered by this waiver and release which has not been paid or otherwise satisfied. This partial lien waiver and release is executed without prejudice to any rights or claims for additional payments, retainage, or amounts due under the contract, and Supplier/Subcontractor reserves all rights to assert liens or claims for such amounts in the future.

Acknowledgment:

The undersigned acknowledges that this Partial Lien Waiver and Release is a legally binding document and that the undersigned has read and understands its contents. The undersigned certifies that it is authorized to execute this waiver and release on behalf of the Supplier/Subcontractor.

SUPPLIER/SUBCONTRACTOR SIGNATURE

OWNER/GENERAL CONTRACTOR SIGNATURE

Signature: _____

Signature: _____

Name & Title: _____

Name & Title: _____

Date: _____

Date: _____

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