

WAIVER OF LIEN BY CONTRACTOR, SUBCONTRACTOR(S), AND SUPPLIER(S)

WASHINGTON STATE F625-029-000 RCW 60.04.250

We the undersigned acknowledge receipt of the amounts stated below as full payment for all labor, professional service(s), materials, or equipment furnished for use on or about the property of _____ (owner) in _____ County, Washington through the ____ day of _____ (month), 20__ (year).

The property is described as follows (give legal description):

Each person or entity signing this release form releases and waives any interest in the property described above and releases and waives any right to claim a lien on that property for any labor, professional services, materials, or equipment provided through the date listed above. Each person or entity signing this release form reserves the right to claim a lien for any labor, professional services, materials, or equipment provided after that date, to the extent allowed by law.

The consideration received by each person or entity for this release is as follows:

_____ Company Name	_____ Authorized Signature	\$ _____ Amnt Rcv'd
_____ Printed Name of Person Signing <input type="checkbox"/> Contractor	_____ Title <input type="checkbox"/> Subcontractor	_____ Date <input type="checkbox"/> Supplier
_____ Company Name	_____ Authorized Signature	\$ _____ Amnt Rcv'd
_____ Printed Name of Person Signing <input type="checkbox"/> Contractor	_____ Title <input type="checkbox"/> Subcontractor	_____ Date <input type="checkbox"/> Supplier
_____ Company Name	_____ Authorized Signature	\$ _____ Amnt Rcv'd
_____ Printed Name of Person Signing <input type="checkbox"/> Contractor	_____ Title <input type="checkbox"/> Subcontractor	_____ Date <input type="checkbox"/> Supplier
_____ Company Name	_____ Authorized Signature	\$ _____ Amnt Rcv'd
_____ Printed Name of Person Signing <input type="checkbox"/> Contractor	_____ Title <input type="checkbox"/> Subcontractor	_____ Date <input type="checkbox"/> Supplier
_____ Company Name	_____ Authorized Signature	\$ _____ Amnt Rcv'd
_____ Printed Name of Person Signing <input type="checkbox"/> Contractor	_____ Title <input type="checkbox"/> Subcontractor	_____ Date <input type="checkbox"/> Supplier