



STATE OF MONTANA
DEPARTMENT OF ADMINISTRATION
ARCHITECTURE AND ENGINEERING DIVISION
 1520 East Sixth Avenue • P.O. Box 200103 • Helena MT
 59620-0103 Phone: 406 444-3104 • Fax: 406 444-3399

LIEN RELEASE FORM

Project Name: _____ A/E #: _____
 Location: _____ Date: _____
 To: _____ Attention: _____

 From: _____ Attention: _____

CONDITIONAL RELEASE

The undersigned does hereby acknowledge that upon receipt by the undersigned of a check from:

(name of firm providing payment)

in the sum of:

(amount of compensation)

and when the check has been properly endorsed and has been paid by the bank upon which it was drawn, this document shall become effective to release pro tanto any and all claims and rights of lien which the undersigned has on the above referenced Project. This release covers a progress payment for labor, services, equipment; materials furnished and/or claims through:

(date)

only and does not cover any retention or items furnished after this date.

I CERTIFY UNDER PENALTY OF PERJURY UNDER LAWS OF THE STATE OF MONTANA THAT THE ABOVE IS A TRUE AND CORRECT STATEMENT.

Signature: _____
 (of Authorized/Corporate Officer/Partner/Owner)

(print name)

(title)

Dated this _____ Day of _____, _____ at _____

(city, state)

UNCONDITIONAL RELEASE

The undersigned does hereby acknowledge that the undersigned has been paid and has received progress payments in the sum of:

(amount of compensation)

for labor, services, equipment or materials furnished to the above referenced job and does hereby release pro tanto any and all claims and rights of lien which the undersigned has on the above referenced job. This release covers all payment for labor, services, equipment, materials furnished and/or claims to the above referenced job through:

(date)

only and does not cover any retention or items furnished after that date.

Notice: this document waives rights unconditionally and states that you have been paid for giving up those rights. This document is enforceable against you if you sign it even if you have not been paid. **If you have not been paid, use a conditional release form.**

Signature: _____
 (of Authorized/Corporate Officer/Partner/Owner)

(print name)

(title)

Dated this _____ Day of _____, _____ at _____

(city, state)