



LIEN WAIVER REQUEST FORM

Send the completed form with any attachments to: lienreleases@ur.com or fax to 866-585-6676.

All questions please call: 1-888-481-2660 option 2

Customer Name: _____

Customer Number: _____

Project Name: _____

Project Address: _____

Are you attaching a blank waiver for our office to complete? Yes No

Type of Waiver:

	Thru Date _____	
Conditional Progress/Partial:	\$ Amount _____	
Unconditional Progress/Partial:	\$ Amount _____	Check # _____
Conditional Final:	\$ Amount _____	Check # _____
Unconditional Final:		

Does this waiver require a "wet/blue ink" signature? Yes No

****Originals provided upon request****

Comments/Instructions:

Requestor's Name: _____

Requestor's Email/Fax Number: _____