

Recording Requested By:
When Recording Mail To
Name
Street
Address
City & State

SPACE ABOVE THIS LINE FOR RECORDERS USE

PARTIAL RELEASE OF MECHANICS LIEN
 (CA Civil Code §§ 8120-8130, 8400 et seq.)

THE UNDERSIGNED, _____ (use correct full name as printed on contractor's license or records of Secretary of State), **HEREBY REALEASES AND DISCHARGES THE MECHANICS LIEN CLAIMED BY:**

Claimant: _____,
AGAINST:

Owner: _____,
AFFECTING PROPERTY COMMONLY KNOWN AS:

Address: _____,
WHOSE LEGAL DESCRIPTION (IF AVAILABLE) IS:

WHICH LIEN WAS RECORDED ON _____, _____ (date), **AT THE OFFICE OF THE COUNTY RECORDER OF** _____ **COUNTY, AS INSTRUMENT NUMBER** _____.
SAID LIEN CONTINUES IN FULL FORCE AND EFFECT TO THE UNPAID BALANCE OF \$ _____.

 (Name of Individual or Company Claimant)

 (Signature of Claimant or Authorized Agent of Claimant)

 (Print Name and Title)

NOTARY REQUIRED