**FINAL UNCONDITIONAL WAIVER OF LIEN**

For and in consideration of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ full and final payment made to the undersigned, the receipt of which is hereby acknowledged, the undersigned does hereby waive, release and relinquish any and all claims or right of lien which the undersigned may have on any and all property owned by Ohio ENT & Allergy Physicians for labor, material, machinery, etc., for work performed, situated on or around the following premises:

**Project No:**

**Project Name:**

**Project Address:**

Dated and signed this day of , 2019

 Vendor

 By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature)

 Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ss:

Sworn to before me and subscribed in my presence this \_\_\_\_\_\_\_\_\_\_ day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_\_.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Notary Public

 My Commission Expires\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE: THIS FORM MUST BE SIGNED, DATED, NOTARIZED AND RETURNED TO:**

**EQUITY CONSTRUCTION SOLUTIONS**

**4653 Trueman Boulevard**

**Suite 200**

**Hilliard, OH 43026**

**(apconst@ecsbuilds.com)**

**WITHIN THREE (3) DAYS OF RECEIPT. FAILURE TO DO SO WILL RESULT IN DELAY OF FUTURE PAYMENTS UNTIL THESE FORMS HAVE BEEN RETURNED. THANK YOU FOR YOUR COOPERATION.**