

NOTICE OF CONTEST OF LIEN

To: (Name and address of lienor)

You are notified that the undersigned contests the claim of lien filed by you on _____, (year), and recorded in _____ Book _____, Page _____, of the public records of _____ County, Florida, and that the time within which you may file suit to enforce your lien is limited to 60 days from the date of service of this notice. This _____ day of _____, (year).

Signed: (Owner or Attorney)