

Instrument prepared by:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

## **Notice of Contest of Lien**

(HOA Assessment Liens- Pursuant to Ch. 720.3085(1)(b) f.s.)

space above reserved for recording information

TO: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

You are notified that the undersigned contests the claim of lien filed by you on \_\_\_\_\_, \_\_\_\_\_, and recorded in Official Records Book \_\_\_\_\_, Page \_\_\_\_\_, of the public records of Clay County, Florida, and that the time within which you may file a suit to enforce your lien is limited to ninety (90) days from the date of service of this notice.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Owner or Attorney

\_\_\_\_\_  
Print Name of Owner or Attorney