

## 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) \_\_\_\_\_