

# CITY OF SUFFOLK

442 W. Washington Street, Suite 1084A Suffolk, VA 23434

Phone: 514-4150 Fax: 514-4199

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## MECHANIC LIEN AGENT REQUEST FORM

**Property Owner(s) Name:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Permit #: \_\_\_\_\_

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

**Applicant's Name:** \_\_\_\_\_

Applicant's Email: \_\_\_\_\_

### Mechanic-Lien Information:

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Date