

**PARTIAL LIEN WAIVER**

DATE:

Original Contract Amount: $ Approved Change Order: $ Adjusted Contract Amount: $ Previous Payment: $ Current Payment: $ Contract Balance: $ Less Retention: $

COMMONWEALTH OF VIRGINIA

CITY/COUNTY OF } to wit:

KNOW ALL MEN THAT ,

for and in consideration of the sum of , in payment of invoice or application dated , does hereby waive, release and relinquish any and all claims of lien which ,

 now has upon the premises known and described as

 , for labor, materials and services furnished prior to said premises being owned by

BY:

Name: Title: Company:

Subscribed and sworn to before me this day of , 20 .

My Commission Expires:

Notary Public My Commission Number: