



PAUL D. PATE
Secretary of State
State of Iowa

MECHANIC'S NOTICE AND LIEN REGISTRY

SUBMITTER INFORMATION

Submitter information: Name, Address, City, State, Postal Code

MNLR Number (if applicable): _____
(May be found by searching the MNLR database at <https://sos.iowa.gov/mnlr/search>)

Email address: _____

Telephone: _____

- * **Print or type information. Illegible or incomplete documents will be refused and returned.**
- * **All fields on Submitter Information form are required and must be returned with documents.**

SECRETARY OF STATE
Business Services Division
Lucas Building, 1st Floor
Des Moines, IA 50319

Phone: (515) 281-5204
Fax: (515) 242-5953
Website: sos.iowa.gov



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**MECHANIC'S NOTICE AND
 LIEN REGISTRY**

**COVER PAGE FOR A
 PAPER SUBMISSION OF A
 DEMAND TO COMMENCE ACTION**

ALL ITEMS MUST BE COMPLETED AND A COPY OF THE DEMAND WITH ENDORSED PROOFS OF SERVICE MUST BE ATTACHED. PAPER SIZE OF ATTACHMENTS MUST BE 8 ½ x 11. SUBMITTER INFORMATION FORM MUST ACCOMPANY THIS FORM. ILLEGIBLE OR INCOMPLETE DOCUMENTS WILL BE REFUSED AND RETURNED.

1. MNLN NUMBER: _____
 (May be found by searching the MNLN database at <https://sos.iowa.gov/mnlr/search>)

2. PARTY WHO SERVED DEMAND: *(attach additional pages if needed)*

Name: _____

Mailing address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

3. PARTY WHO RECEIVED DEMAND: *(attach additional pages if needed)*

Name: _____

Mailing address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

THE FOLLOWING INFORMATION WILL PREFILL FROM THE MECHANIC'S NOTICE AND LIEN REGISTRY. IT IS YOUR RESPONSIBILITY TO VERIFY THE ACCURACY OF THE INFORMATION CURRENTLY ON RECORD BEFORE FILING:

- a. General Contractor / Owner Builder: Name and City;
- b. Property Owner(s): Name, Mailing address; and
- c. Property Information: County, Other counties, Street address or location, Tax parcel ID number, Legal description.

A COPY OF THE DEMAND WITH ENDORSED PROOFS OF SERVICE MUST BE ATTACHED. PAPER SIZE OF ATTACHMENTS MUST BE 8 ½ x 11.

If the MNLN document you have selected was not posted by you, submission of this form is your verification that it is your intent to post a document based on the information posted by another MNLN user.

FEE: \$5.00 PER PARTY'S MAILING ADDRESS.

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