



*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, 1<sup>st</sup> Floor  
Des Moines, IA 50319

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



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**MECHANIC'S NOTICE AND  
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**COVER PAGE FOR A  
PAPER SUBMISSION OF A  
PRELIMINARY NOTICE**

**ALL ITEMS MUST BE COMPLETED. PAPER SIZE OF ANY ATTACHMENTS MUST BE 8 1/2 x 11. SUBMITTER INFORMATION FORM MUST ACCOMPANY THIS FORM. ILLEGIBLE OR INCOMPLETE DOCUMENTS WILL BE REFUSED AND RETURNED.**

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

**2. SUBCONTRACTOR:**

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

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**3. PERSON CONTRACTING WITH CLAIMANT:**

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

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

**4. THE FOLLOWING INFORMATION WILL BE PREFILLED 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, Mailing address and Telephone;
- b. Property Owner(s): Name, Mailing address; and
- c. Property Information: County, Other counties, Street address or location, Tax parcel ID number, Legal description.

**5. COMMENCEMENT OF WORK:**

Date materials were first furnished or labor was first performed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**FEE: \$10.00**

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