



*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  
 DEMAND FOR ACKNOWLEDGEMENT**

**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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