



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.**
- * **Mechanic's Liens are to be filed electronically or by U.S. mail pursuant to Iowa Code section 572.34(8).**

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
 MECHANIC'S LIEN - COMMERCIAL**

All items must be completed. Illegible or incomplete documents will be refused and returned.

The Submitter Information form, a copy of the Mechanic's Lien, Statement of Account and Legal Description must be attached and submitted with this cover page. **THIS COVER PAGE IS NOT A SUBSTITUTE FOR THE ACTUAL MECHANIC'S LIEN.** Paper size of attachments must be 8 ½ by 11.

1. CLAIMANT POSTING THE MECHANIC'S LIEN:

Name: _____

Mailing address: _____

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

Email: _____

2. CURRENT PROPERTY OWNER(s): (attach additional pages if needed)

Name: _____

Mailing address: _____

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

3. INFORMATION FOR PROPERTY TO BE CHARGED WITH MECHANIC'S LIEN:

County: _____ Other counties: _____, _____, _____

Street Address or location: _____

City: _____ State: **IA** Postal Code: _____
 (or nearest city if no street address)

Tax parcel ID number: (attach additional pages if needed) _____

Legal description: **COPY OF LEGAL DESCRIPTION MUST ACCOMPANY THIS FORM. PAPER SIZE OF ATTACHMENTS MUST BE 8 ½ x 11.**

4. MECHANIC'S LIEN INFORMATION:

a. Date when material was first furnished or labor first performed: _____

b. Date when material was last furnished or labor was last performed: _____

c. Amount owed to Claimant: _____

5. ADDITIONAL INFORMATION:

General Contractor / Owner Builder name: _____

Mailing address: _____

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

Telephone: _____

A COPY OF THE MECHANIC'S LIEN, STATEMENT OF ACCOUNT MUST BE ATTACHED AND SUBMITTED WITH THIS COVER PAGE. THIS COVER PAGE IS NOT A SUBSTITUTE FOR THE ACTUAL MECHANIC'S LIEN. ALSO ATTACH A COPY OF THE LEGAL DESCRIPTION. PAPER SIZE OF ATTACHMENTS MUST BE 8 ½ X 11.

6. CERTIFICATION:

I certify under penalty of perjury and pursuant to the laws of the state of Iowa that the preceding is true and correct.

Signature: _____ **Date:** _____

If the MNLIR 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 MNLIR user.

FEE: \$40.00

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