



*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, 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  
 LIEN REGISTRY**

**COVER PAGE FOR A  
 PAPER SUBMISSION OF A  
 MECHANIC'S LIEN - RESIDENTIAL**

Applicable items noted in 1A or 1B must be completed. Illegible or incomplete documents will be refused and returned.

The Submitter Information form, a copy of the Mechanic's Lien and 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.** Paper size of attachments must be 8 ½ by 11.

**1A. MNLR NUMBER:** \_\_\_\_\_, **complete items #3, 5b, 5c, 7, sign and date.**  
 (MNLR number may be found by searching the MNLR database at <https://sos.iowa.gov/mnlr/search>)  
**If MNLR number provided, the following 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 this form.**

- a. Claimant Posting the Mechanic's Lien: Name and Mailing address;
- b. Information for Property to be Charged with Mechanic's Lien: County, Other counties, Street address or location, Tax parcel ID number, Legal description.
- c. Mechanic's Lien Information: Date when material was first furnished or labor first performed; and
- d. Additional Information: General Contractor / Owner Builder name, Mailing address, Telephone.

**OR;**

**1B. MARK THE FOLLOWING, complete items #2 through #7, sign, date and attach a copy of legal description:**

Labor was performed on or materials were supplied to this residential construction project on or before December 31, 2012.

**2. CLAIMANT POSTING THE MECHANIC'S LIEN:**

Name: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Email: \_\_\_\_\_

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

Name: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

**4. 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 not 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 1/2 x 11.**

**5. 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: \_\_\_\_\_

**6. ADDITIONAL INFORMATION:**

General Contractor / Owner Builder name: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country \_\_\_\_\_  
Telephone: \_\_\_\_\_

**A COPY OF THE MECHANIC'S LIEN AND 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 1/2 X 11.**

**7. CERTIFICATION:**

If Original MNLN Number provided in 1A or if 1B is marked - 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 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: \$40.00**

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