## NOTICE OF CLAIM ON BOND & RETAINAGE (RCW 60.28.015 & RCW 39.08.030)

# PRIME CONTRACTOR

(Name & Address of Prime Contractor)

**CLAIMANT** 

(Name & Address & Telephone of Claimant)

### PUBLIC ENTITY

(Name & Address of Public Entity)

#### **SERVICES**

(Description of labor and/or materials furnished by the Claimant)

<u>SURETY</u> (Name & Address of Surety) PROJECT (Address, Name and Project Number)

HIRING PARTY (Name & Address of Hiring Party)

## **CLAIM AMOUNT**

\$\_\_\_\_\_

This notice is sent to you to tell you who is providing professional services, materials, or equipment for the improvement of a public project and to advise you of the rights of these persons and your responsibilities.

Under Washington law, those who furnish labor, professional services, materials, or equipment for the repair, remodel, or alteration on a public project and who are not paid, have a right to enforce their claim for payment against (a) the bond provided for a public project, and (b) the retainage percentage. These claims are known as a public works claim under **RCW 60.28.011** and a bond claim under **RCW 39.08.030**.

Notice is hereby given that the above-identified <u>CLAIMANT</u>, whose address and telephone number is above provided, has a claim in the sum above-identified as the <u>CLAIM AMOUNT</u> against the bond taken from the above-identified Surety (if the Surety is not above identified, the surety's name is unknown at this time, and claimant requests notice of the surety along with this claim) for the furnishing of labor and/or materials above-identified as the <u>SERVICES</u> on the above-identified <u>PROJECT</u>.

Please be advised that under RCW 60.28.030 and RCW 39.08.030, a successful claimant shall be awarded its reasonable attorneys' fees and costs in pursuing this lien.

Claimant:

Agent for Claimant
Signed by \_\_\_\_\_

I,served cop	ies of the attached Notice of Clai	_, declare that on the _ im on Bond and Retain	age t	day of to the following partie	, 20	_, I
[]	Public Entity	[	_]	Prime Contractor		
[]	Surety	[	_]	Hiring Party		
I served the	e attached document:					
[]	By personally delivering the n	otice to the identified j	partie	rs;		
	By First Class Certified Mail s at the address shown on the Pre			d return receipt reque	sted, addre	ssed
I declare u	nder penalty of perjury that the fo	oregoing is true and co	orrect			

**PROOF OF SERVICE AFFIDAVIT** 

Dated: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signed by: