

# Public Improvement – Claim on Bond

State of Michigan

MCL §129.201 et seq.;

MCL §570.101 et seq.

**Public Entity:**

Name & Address:

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**Claimant:**

Name & Address:

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**Surety (if known):**

Name & Address:

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**Property Address (Project):**

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County of \_\_\_\_\_

State of Michigan

**Prime Contractor:**

Name & Address:

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**Description of labor and/or materials  
provided (Services):**

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**Party who hired Claimant:**

Name & Address:

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**Amount of Claim**

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

**IMPORTANT INFORMATION ON THE FOLLOWING PAGE**

YOU ARE HEREBY NOTIFIED that the undersigned and above-identified CLAIMANT, entered into a contract with the HIRING PARTY to provide the above-described SERVICES in connection with the above-identified PROJECT.

After adding all extras and additions, and deducting all payments, credits and offsets, the balance due and owing to the CLAIMANT is above-identified as the AMOUNT OF CLAIM. This AMOUNT OF CLAIM is due despite demand being made therefore, and pursuant to MCL 129.201 et seq., and MCL 570.101 et seq., the CLAIMANT hereby makes a claim against the project's Bond.

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**SIGNATURE OF CLAIMANT & VERIFICATION**

Executed on \_\_\_\_/\_\_\_\_/20\_\_\_\_.

I, \_\_\_\_\_, being of lawful age and being first duly sworn upon oath, do sat that as the disclosed agent of the Claimant named herein, I have read the verified claim, know the contents thereof, that to the best of my knowledge, information and belief, the same is true and correct, and made on behalf of the Claimant.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Claimant (Company Name)

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me, the undersigned Notary Public on the date above identified, by \_\_\_\_\_, the stated and disclosed agent of the Claimant.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Print name

My Commission expires: \_\_\_\_\_