Form 3-1

Interim Lien/Claim Waiver

**INTERIM LIEN/CLAIM WAIVER**

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| FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Firm Giving Release) |  | PROJECT:  (Project Name) |
|  (Business Address) |  |  (Project Address) |
|  (City, State, Zip Code) |  |  (City, State, Zip Code) |
| Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Project Manager:  |
| Contact Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Project Telephone:  |
| **CONDITIONAL RELEASE** |  | **UNCONDITIONAL RELEASE** |
| The undersigned does hereby acknowledge that upon receipt by the undersigned of a check from \_\_\_\_\_\_\_\_\_\_\_\_\_\_, in the sum of $\_\_\_\_\_\_\_\_\_\_\_\_ and when the check has been properly endorsed and has been paid by the bank upon which it was drawn, this document shall become effective to release any and all claims for compensation, impacts, additional time, costs, and rights of lien which the undersigned has on the above referenced Project for labor, services, equipment, materials furnished and/or claims through (Date:) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ except it does not cover any retention or items furnished thereafter. Before any recipient of this document relies on it, said party should verify evidence of payment to the undersigned. Items and Claims not waived and released by this Instrument: |  | The undersigned does hereby acknowledge that the undersigned has been paid and has received progress payments in the sum of $\_\_\_\_\_\_\_\_\_\_\_\_\_ for labor, services, equipment or materials furnished to the above referenced Project and does hereby release any and all claims for compensation, impacts, additional time, costs and rights of lien which the undersigned has on the above referenced Project, any state or federal statutory bond right and private bond right, any claim for payment. This release covers all payment for labor services, equipment, materials furnished and/or claims on the above referenced Project through (Date:) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ only and does not cover any retention or items furnished after that date. Items and Claims not waived and released by this Instrument:NOTICE: THIS DOCUMENT WAIVES RIGHTS UNCONDITIONALLY AND STATES THAT YOU HAVE BEEN PAID FOR GIVING UP THOSE RIGHTS. THIS DOCUMENT IS ENFORCEABLE AGAINST YOU IF YOU SIGN IT, EVEN IF YOU HAVE NOT BEEN PAID. IF YOU HAVE NOT BEEN PAID, USE A CONDITIONAL RELEASE FORM. |
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| I CERTIFY UNDER PENALTY OF PERJURY UNDER LAWS OF THE STATE OF WASHINGTON THAT THE ABOVE IS A TRUE AND CORRECT STATEMENT. |  | I CERTIFY UNDER PENALTY OF PERJURY UNDER LAWS OF THE STATE OF WASHINGTON THAT THE ABOVE IS A TRUE AND CORRECT STATEMENT. |
|  |  |  |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Authorized Corporate Officer/Partner/Owner)  (Title) |  | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Authorized Corporate Officer/Partner/Owner)   (Title) |
| DATED:\_\_\_\_\_\_\_\_\_\_\_ 20\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | DATED:\_\_\_\_\_\_\_\_\_\_\_ 20\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
|   (City, State)  |  |  (City, State) |