

**CLAIM OF LIEN
AUTHORIZATION**



The below named authority, hereinafter referred to as PRINCIPAL, in the County of _____ State of Florida , do(es) appoint ROBERT L. JOHNSTON his/her true and lawful attorney. In principal's name, and for principal's use and benefit said attorney is authorized hereby to prepare and record a Claim of Lien based on the information provided on this form and previously furnished. Giving and granting to said attorney full power and authority to do all and every act and thing whatsoever requisite and necessary to be done relative to any of the foregoing as fully to all intents and purposes as principal might or could do if personally present. Principal understands and accepts full responsibility for the final completion of any all Claims of Lien he directs under this authorization and assumes full responsibility for the contents of those Claims of Lien.

COMPANY : _____

AUTHORIZED BY : _____

AUTHORIZED SIGNATURE : _____

TITLE : _____

DATE : _____

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