STORAGE LIEN STATEMENT

LIENHOLDER	Name:
	Address:
	City/State/Zip:
DEBTOR	Name:
	Address:
	City/State/Zip:

TOTAL AMOUNT OF BILL DUE TO LIENHOLDER:	$
DATE BILL BECAME DUE AND PAYABLE:	

NOTE: The right of possession terminates six(6) months after charges become due and payable.

This Lien Statement covers the following Titled Property:

Year:	Make:
VIN/HIN (serial #):	Title #:

Is the item in your possession? (circle one) YES NO

Date of Services:

Type of Services:

Misc. Information:

Others who may have an Interest in this Property:

	LIENHOLDERS	Name(s):
		Address:
	OTHERS	Name(s):
		Address:

DATE: LIENHOLDER SIGNATURE:

STATE OF WYOMING)
)ss
COUNTY OF FREMONT)

On _____, 20 ____, _____ personally appeared before me,

_____ who is personally known to me
_____ whose identity I proved on the basis of _____
_____ whose identity I proved on the oath/affirmation of _____ a credible witness

to be the signer of the above document, and he/she acknowledged that he/she signed it.

(SEAL)

Notary Public _____

My commission expires:_____

*******OFFICE USE ONLY*******

Title Number _____ Staff Initials _____

_____ The lien has been listed on the copy or sent to the proper county.