

This Instrument Prepared By:
Name: _____
Address: _____

Permit No.: _____

Tax Folio No.: _____

NOTICE OF COMMENCEMENT

STATE OF: Florida
COUNTY OF: Polk

THE UNDER SIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. Description of property: (legal description of property, and street address, if available)
2. General description of improvement:
3. Owner Information:
 - a. Name and Address:
 - b. Interest in property:
 - c. Name and address of fee simple titleholder (if other than owner):
4. Contractor:
 - a. Name and Address:
 - b. Phone Number:
5. Surety:
 - a. Name and Address:
 - b. Amount of bond: \$ _____
 - c. Phone Number
6. Lender:
 - a. Name and address:
 - b. Phone number:
7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7, Florida Statutes:
 - a. Name and Address:
 - b. Phone number:
8. In addition to himself, Owner, designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:
 - a. Name and address:
 - b. Phone Number:
9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified):
N/A

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWIC FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of Owner or Owner's Authorized Officer/Director
Partner/Manager

Signatory's Title/Office: _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____ by _____ as _____ for _____

Signature of Notary Public – State of Florida
Print, Type or Stamp Commissioned Name of Notary Public
Commission Number

Personally Known _____ of Produced Identification _____
Verification Pursuant to Section 92.525 Florida Statutes

Under penalties of perjury, I declare that I have read the forgoing and that the facts stated in it are true to the best of my knowledge and belief

Signature of Natural Person Signing Above