

STATE OF _____
COUNTY OF _____

SUBCONTRACTOR'S WAIVER & LIEN RELEASE

FROM: _____
(SUBCONTRACTOR)

ADDRESS: _____

PHONE NUMBER: _____ **CONTACT:** _____

TO: FARLEY ASSOCIATES, INC.
9454 OLD BAILES ROAD
INDIAN LAND, SC 29707
803-547-5727-PHONE
803-547-5738-FAX

JOB AND LOCATION: _____

The Undersigned hereby certifies that upon receipt of the sum of \$ _____ I will be paid in full and final for all materials and/or labor supplied through the end of this project.

This affidavit releases any liens and claims on bonds, upon receipt of any payment due from FARLEY ASSOCIATES, INC. as listed above.

IN WITNESS WHEREAS, the undersigned has signed and sealed this instrument this the _____ day of _____, 201__.

COMPANY: _____

BY: _____

Subscribed and sworn to before me on the _____ day of _____ 200__.

Notary Public: _____

My Commission Expires: _____