

Shelby County Department of Housing Rehab Program Contractor Release and Lien Waiver

Contractor Information:	
Company Name:	("Contractor")
Company Address:	
Company Phone:	
Property Information:	
Property Owner:	("Property Owner")
Property Address:	("Property")
Project/type of work performed:	
For good and valuable consideration, the receipt and suffice Contractor hereby waives, discharges, and releases any and all Property and any and all other property owned by or the title to whagainst any and all funds of the Property Owner appropriated of warrants drawn upon or issued against any such funds or mon hereafter acquire or possess as a result of the furnishing of performance of work by the Contractor on or in connection with the between the Contractor and the Property Owner pertaining to the liens, claims or rights of lien may arise and exist.	liens, claims, and rights to liens against the nich is in the name of the Property Owner and r available for the Property, and any and al ies, which the Contractor may have or may labor, materials, and/or equipment, or the he Property, whether pursuant to any contracts
Contractor acknowledges receipt of the sum of	paid balance due the Contractor in connection acknowledges and agrees that the Paymen connection with the Property Owner and the ads which the Contractor may have or asser-
Company Name:	
Name:	
Title:	
Contract or License #:	
Signature:	
*Please provide a copy of the contractor's license along with this f	orm to the email address provided below.

** PLEASE EMAIL THE COMPLETED FORM TO victoria.snelling@shelbycountytn.gov