NOTICE OF COMMENCEMENT (Residential Property)

State of Michigan

County of
, being duly sworn, deposes and says:
To lien claimants and subsequent purchasers:
Take notice that work is about to commence on an improvement to the real property described in this instrument. A person having a construction lien may preserve the lien by providing a notice of furnishing to the below named designee and the general contractor, if any, and by timely recording a claim of lien, in accordance with the law.
A person having a construction lien arising by virtue of work performed on this improvement should refer to the name of the owner or lessee and the legal description appearing in this notice. A person subsequently acquiring an interest in the land described is not required to be named in the claim of lien.
A copy of this notice with an attached form for notice of furnishing may be obtained upon making a written request by certified mail to the named owner or lessee; the designee; or the person with whom you have contracted.
The legal description of the real property on which the improvement is to be made is:
The name, address and capacity of the owner or lessee of the real property contracting for the improvement is: Name:
Address:
Capacity:

Please continue to Page 2 of the form

The name and address of the fee owner of the real primprovement is a land contract or lessee, is: Name:	
Address:	
The name and address of the owner's or lessee's des	•
Address:	
The name and address of the general contractor, if ar Name:	
Address:	
WARNING TO THE HO	MEOWNER
MICHIGAN LAW REQUIRES THAT YOU DO THE FO	OLLOWING:
1. COMPLETE AND RETURN THIS FORM TO WITHIN 10 DAYS AFTER THE POSTMARK (
2. IF YOU DO NOT COMPLETE AND RETUIN DAYS YOU MAY HAVE TO PAY THE EXTINFORMATION.	
3. IF YOU DO NOT LIVE AT THE SITE OF TH COPY OF THIS FORM IN A CONSPICUOUS	
YOU ARE NOT REQUIRED TO BUT SHOULD DO T	HE FOLLOWING:
1. COMPLETE AND POST A COPY OF THIS IMPROVEMENT IS BEING MADE, EVEN IF Y	
(Printed Name and Capacity) Prepared by:	(Signature)
Name:	
Address:	
Subscribed, sworn to and acknowledged before me this	day of
NOTARY PUBLIC:	
(Signature/Printed Name) My commission expires:	
County, MI	