**NOTICE OF CONTEST OF LIEN**

TO:

 Name of association

 Address of association

You are notified that the undersigned contests the claim of lien filed by you on:

 and recorded in Official Records Book at Page

 Date

 of the public records of County,

 Page County

Florida, and that the time within which you may file suit to enforce your lien is limited to 90 days from the date of service of this notice.

Executed this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_.

 Year

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner or Attorney