



INDIANA LIEN

MECHANIC'S LIEN PROCESSORS

P.O. Box 87 Cicero, IN 46034 • (317) 297-2545 FAX (855) 465-4367

Toll Free 888-924-8887 • Email: Office@indianalien.com



APPLICANT

Type of Lien ☐ 3 Day Notice ☐ Traditional Mechanic Lien ☐ Impound Lien ☐ Certificate of Authority to Junk

Business Name _____

Representative _____

Physical Address ☐ Address Change _____

City _____ State _____ Zip _____

Mailing Address ☐ Address Change _____

City _____ State _____ Zip _____

Phone (_____) _____ - _____ Ext. _____ Fax (_____) _____ - _____

Email _____

DEBTOR

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

VEHICLE

Year _____ Make _____ Model _____ Color _____ # of Doors _____

VIN _____

Mileage _____ Plate _____ State _____ Year _____

FINANCIAL AND LIEN INFORMATION

Drop Off Date _____

Daily Storage Fee \$ _____

Services Performed: _____

The charges against the vehicle are as follows:

(DO NOT include our cost or storage in this calculation)

Repair Work & Labor \$ _____

Parts/Materials \$ _____

Previous Payments Made \$ _____

Sales Tax \$ _____

TOTAL \$ _____

I hereby authorize Indiana Lien to proceed with this request and understand that I will be billed once this lien is started. I swear and affirm that the information I have entered on this form is correct. I understand that making false statements may constitute a crime of perjury. I give my permission for Indiana Lien to do business on our behalf during the mechanics lien process.

X Signature _____

MUST INCLUDE WORK ORDER OR TOW SLIP WITH THIS APPLICATION

PLEASE FAX COMPLETED FORM TO (855) 465-4367 or EMAIL TO: Office@indianalien.com