



LIEN WAIVER REQUEST FORM

****All fields must be completed in order to process your request in a timely manner****

Date: _____

Customer Name: _____

Customer Account #: _____

Project Name: _____

Project Number: _____

Project Address: _____

Project General Contractor: _____

Invoice Numbers: _____

PO#: _____

Have all orders for EFCO material been placed for this project? YES NO

Requested Dollar Amount: _____ Do not show amount on waiver
(Unconditional Waivers Only)

Type of Waiver Requested (Check only one)

- Conditional Partial Release Upon Progress Payment
 - Through Date of Release: _____
- Unconditional Partial Release Upon Progress Payment
 - Through Date of Release: _____
- Conditional Release upon FINAL Payment
- Unconditional FINAL Release

Do you Need the Original Mailed to You? YES NO

If Yes, address to mail original: _____

Special Instructions: _____

If you require a waiver form other than EFCO Corp’s standard form, please include it with this request.

All non-EFCO Corp Forms need to be approved by our Legal Dept prior to being processed.

RETURN COMPLETED FORM TO Afslieawaiver@apog.com

Sending this form to any other email address may cause delays.