

# NOTICE OF VESSEL LIEN

Office of the Secretary of the State  
30 Trinity Street / P.O. Box 150470 / Hartford, CT 06115-0470 / Rev. 10/1/2004

SPACE FOR OFFICE USE ONLY

Fee: \$25.00  
File in Duplicate

To all persons whom it may concern a lien is claimed by me on the below described vessel:

**1. OWNER'S EXACT LEGAL NAME**

|               |           |            |             |        |
|---------------|-----------|------------|-------------|--------|
| IF INDIVIDUAL | LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
|---------------|-----------|------------|-------------|--------|

|                 |      |  |  |  |
|-----------------|------|--|--|--|
| IF ORGANIZATION | NAME |  |  |  |
|-----------------|------|--|--|--|

|                                      |      |       |         |             |
|--------------------------------------|------|-------|---------|-------------|
| MAILING ADDRESS (Street or P.O. Box) | CITY | STATE | COUNTRY | POSTAL CODE |
|--------------------------------------|------|-------|---------|-------------|

**2. CLAIMANT'S EXACT LEGAL NAME**

|               |           |            |             |        |
|---------------|-----------|------------|-------------|--------|
| IF INDIVIDUAL | LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
|---------------|-----------|------------|-------------|--------|

|                 |      |  |  |  |
|-----------------|------|--|--|--|
| IF ORGANIZATION | NAME |  |  |  |
|-----------------|------|--|--|--|

|                                      |      |       |         |             |
|--------------------------------------|------|-------|---------|-------------|
| MAILING ADDRESS (Street or P.O. Box) | CITY | STATE | COUNTRY | POSTAL CODE |
|--------------------------------------|------|-------|---------|-------------|

|                   |                        |
|-------------------|------------------------|
| 3. NAME OF VESSEL | 4. REGISTRATION NUMBER |
|-------------------|------------------------|

5. DESCRIPTION OF VESSEL AND NAME OF MANUFACTURER

|                |                        |
|----------------|------------------------|
| 6. HULL NUMBER | 7. REGISTRATION NUMBER |
|----------------|------------------------|

8. TYPE OF PROPULSION

9. LENGTH

10. LOCATION OF VESSEL

11. AMOUNT OF CLAIM

12. BASIS OF CLAIM WITH DATES

|                                                                                        |              |               |
|----------------------------------------------------------------------------------------|--------------|---------------|
| INTENDED SALE (If applicable – at least 60 days next succeeding filing of such notice) | DATE OF SALE | PLACE OF SALE |
|----------------------------------------------------------------------------------------|--------------|---------------|

|                      |      |
|----------------------|------|
| CLAIMANT'S SIGNATURE | DATE |
|----------------------|------|