## **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	N	NAME							
			CITY	STATE			COUNTRY	COUNTRY POSTAL CODE	
2. CLAIMANTE EVACELECAL NAME									
2. CLAIMANT'S EXACT LEGAL NAME IF LAST NAME				EID	RST NAME	MIDDLE NAME SU		SUFFIX	
INDIVIDUAL	DUAL			FIRST NAME			WIIDDLE NAME		SUFFIX
IF NAME ORGANIZATION									
	MAILING ADDRESS (Street or P.O. Box) CITY			STATE			COUNTRY POSTAL CODE		ΓAL CODE
3. NAME OF VESSEL 4. REGISTR.						<b>FRATION</b>	NUMBER		
5. DESCRIPTION OF VESSEL AND NAME OF MANUFACTURER									
6. HULL NUMBER  7. REGISTRATION NUMBER									
o. HOLLINGWIDER					" REGISTRATION NOMBER				
8. TYPE OF PROPULSION									
9. LENGTH									
10 LOCATION OF VESSEL									
10. LOCATION OF VESSEL									
11. AMOUNT OF CLAIM									
12. BASIS OF CLAIM WITH DATES									
INTENDED (If applicable – at least 60 days next SALE succeeding filing of such notice)				ATE C	OF SALE		PLACE OF SALE		
CLAIMANT'S SIGNATURE						DATE			