

Form 9

Notice of Other Lien Filing

Name and telephone number of filer or contact (optional)	For Secretary of State Use Only
Return copy to: (name and mailing address)	
Check one only: ☐ Notice of filing of lien ☐ Notice of full release or discharge of lien ☐ Notice of change of lien	

1. Debtor Name: Insert only one debtor in 1a or 1b.

1a. Entity's Name				1c. Mailing Address			
1b. Individual's Last Name	First	M.I.	Suffix	City	State	Country	Postal Code

2. Additional Debtor Name: Insert only one debtor in 2a or 2b.

2a. Entity's Name				2c. Mailing Address			
2b. Individual's Last Name				City	State	Country	Postal Code
	First	M.I.	Suffix				

3. Lienor's Name: Insert only one lienor in 3a or 3b.

3a. Entity's Name				3c. Mailing Address			
3b. Individual's Last Name				First	M.I.	Suffix	
				City	State	Country	Postal Code

4. Type of lien/statutory authority (check one only):

- ☐ Federal Tax lien
 ☐ State Tax lien
 ☐ Aircraft Registration lien
 ☐ Employment Security lien
☐ Child Support lien
 ☐ Hazardous Waste lien
 ☐ Housing Finance Authority lien
☐ Road Toll lien
 ☐ Writ of Attachment
 ☐ State Food Security Act lien

5. Complete if filing is a release, discharge or change.

Filing Location of initial lien:

Filing Date of initial lien: _____

File Number assigned to initial lien: _____

Form 9 Addendum

1. Additional Debtor Name: Insert only one debtor in 1a or 1b.

1a. Entity's Name

1c. Mailing Address

1b. Individual's Last Name	First	M.I.	Suffix
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City	State	Country	Postal Code
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2. Additional Debtor Name: Insert only one debtor in 2a or 2b.

2a. Entity's Name

2c. Mailing Address

2b. Individual's Last Name	First	M.I.	Suffix
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City	State	Country	Postal Code
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3. Additional Debtor's Name: Insert only one debtor in 3a or 3b.

3a. Entity's Name

3c. Mailing Address

3b. Individual's Last Name	First	M.I.	Suffix
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City	State	Country	Postal Code
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4. Additional Lienor's Name: Insert only one lienor in 4a or 4b.

4a. Entity's Name

4c. Mailing Address

4b.	Individual's Last Name	First	M.I.	Suffix

City	State	Country	Postal Code
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Use the space below for additional information.