

COUNTY OF AUGUSTA, VIRGINIA

FORM FOR DESIGNATION AND CONSENT OF MECHANICS' LIEN AGENT

IDENTITY OF OWNER

NAME: _____

ADDRESS: _____

BRIEF DESCRIPTION OF PROPERTY _____

IDENTITY OF MECHANICS' LIEN AGENT

NAME: _____

ADDRESS: _____

TELEPHONE NO.: _____

I/We, the Owner(s) indicated above, or the duly authorized agent of such owner(s), hereby designate the person or firm indicated above to be the Mechanics' Lien Agent for the above-referenced property.

Signature of Owner or Agent

Date

Signature of Owner or Agent

Date

I, the Mechanics' Lien Agent indicated above, hereby consent to act as the above-referenced owner(s) designee for purposes of receiving notice pursuant to Virginia Code Section 43-4.01.

Signature of Mechanics' Lien Agent

Date