



LIEN SUBMISSION FORM

TO: **BAILIFF BROKER DIVISION**
FAX: **519-432-2728**
EMAIL: *lamb@legalsupportservices.ca*

****ALSO AVAILABLE ON WEBSITE www.legalsupportservices.ca****

DATE: _____

ATTN: Processing
Toll-free: 877-693-6669
London local: 519-432-2002

From: *Company Location & Information Please*

_____ E-M _____

Please use Black Ink and complete as much as possible. Please note – there is NO backup paperwork required to begin the Lien Process. Thank you.

Debtor Name	_____
Address	_____
City/Town	_____ Postal Code _____
Amount Owing	_____ Date Incurred _____
Vehicle Make & Model	_____ Year _____
V.I.N. #	_____ Plate _____

Please Note Your Lien Goes Into FIRST PLACE!