

Phone: <u>860-509-6003</u> Website: <u>business.ct.gov</u> Email: <u>bsd@ct.gov</u>

## NOTICE OF VESSEL LIEN Accessible Version Available

## C.G.S. §49-55a

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 81/2 X 11 SHEETS IF NECESSARY.

| FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS):                                  |                                   |          | FILING FEE: \$50                                   |  |  |
|--|-----------------------------------|----------|--|--|--|
| NAME:  |                                   |          | MAKE CHECKS PAYABLE TO<br>"SECRETARY OF THE STATE" |  |  |
| ADDRESS:   |                                   |          |  |  |  |
|  |                                   |          |  |  |  |
| CITY:  |                                   |          |  |  |  |
| STATE: ZIP CODE:   |                                   |          |  |  |  |
|  |                                   |          |  |  |  |
|  |                                   |          |  |  |  |
| TELEPHONE NUMBER:  |                                   |          |  |  |  |
| TO ALL PERSONS WHOM IT MAY CONCERN, A LIEN IS CLAIMED BY ME ON THE BELOW DESCRIBED VESSEL: |                                   |          |  |  |  |
| 1. OWNER'S NAME IF INDIVIDUAL  |                                   |          |  |  |  |
|  | SURNAME                           |          |  |  |  |
| OR   | FIRST PERSONAL NAME               | MIDDLE   | SUFFIX   |  |  |
| ÖK   | ORGANIZATION                      |          |  |  |  |
|  | ORGANIZATION NAME                 |          |  |  |  |
| MAILING ADDRESS: (STREET OR P.O. BOX)  |                                   |          |  |  |  |
| ADDRESS:   |                                   |          |  |  |  |
|  |                                   |          |  |  |  |
| CITY:  |                                   |          |  |  |  |
| STAT   | E: ZIP CODE:                      | COUNTRY: |  |  |  |
| 2. CLAIMANT'S EXACT LEGAL NAME IF INDIVIDUAL   |                                   |          |  |  |  |
|  | SURNAME                           |          |  |  |  |
|  | FIRST PERSONAL NAME               | MIDDLE   | SUFFIX   |  |  |
| OR   | ORGANIZATION                      |          | I  |  |  |
|  | ORGANIZATION NAME                 |          |  |  |  |
| ΜΔΙΙ   | ING ADDRESS: (STREET OR P.O. BOX) |          |  |  |  |
| ADDRESS:   |                                   |          |  |  |  |
| ADDF   |                                   |          |  |  |  |
|  |                                   |          |  |  |  |
| CITY:  |                                   |          |  |  |  |
| STAT   |                                   | COUNTRY: |  |  |  |
| 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 |  |  |
|  |               |      |  |  |
|  |               |      |  |  |