

This instrument prepared by:

Name: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

## Notice of Contest of Claim Against Payment Bond

space above reserved for recording information

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You are notified that the undersigned contests your notice of nonpayment, dated \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_, and served on the undersigned on \_\_\_\_\_, \_\_\_\_\_, and that the time  
within which you may file suit to enforce your claim is limited to 60 days after the date of service of this  
notice.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Contractor or Attorney

\_\_\_\_\_  
Print Name of Contractor or Attorney