

NOTICE OF VESSEL LIEN

Office of the Secretary of the State
30 Trinity Street / P.O. Box 150470 / Hartford, CT 06115-0470 / Rev. 10/1/2004

SPACE FOR OFFICE USE ONLY

Fee: \$25.00
File in Duplicate

To all persons whom it may concern a lien is claimed by me on the below described vessel:

1. OWNER'S EXACT LEGAL NAME

IF INDIVIDUAL	LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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IF ORGANIZATION	NAME			
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MAILING ADDRESS (Street or P.O. Box)	CITY	STATE	COUNTRY	POSTAL CODE
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2. CLAIMANT'S EXACT LEGAL NAME

IF INDIVIDUAL	LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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IF ORGANIZATION	NAME			
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MAILING ADDRESS (Street or P.O. Box)	CITY	STATE	COUNTRY	POSTAL CODE
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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