## **Release of Stop Payment Notice**

| To:                             |  |   |
|---------------------------------|--|---|
|                                 | ed that the undersigned claimant releases tha          | t certain Stop Payment Notice   |
| dated                           | in the amount of \$                                    |   |
| against                         |  |   |
|                                 |  |   |
| as direct contractor in connect | ion with the work of improvement known as              | 3   |
|                                 |  |   |
| In the city of                  | , County of  | , State of California.  |
| Date:                           | Name of Claimant:                                      |   |
|                                 | By:  |   |
|                                 |  |   |
|                                 |  |   |
|                                 | VERIFICATION   |   |
| Release; I have read said Rele  | te: I am thease of Stop Payment Notice and know the co | of the claimant named in the foregoing ontents thereof, and I certify that the same |
| true and correct.               | nder penalty of perjury under the laws of the          |   |
| Executed on                     | , at   |   |
| State of                        | ·  |   |