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**RETENTION PAYMENT REQUEST**

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9932 Prospect Ave., Ste. 138, Santee, CA 92071, Phone (619) 449-4272, Fax (619) 449-1930, License # 608529

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Date \_\_\_\_\_

Invoice # \_\_\_\_\_

Project \_\_\_\_\_

Subcontractor \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email Address \_\_\_\_\_

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Base Contract Amount \_\_\_\_\_

Change Order Amount \_\_\_\_\_

Total Contract \_\_\_\_\_

Percent of Total Contract Earned \_\_\_\_\_

Total Billed \_\_\_\_\_

**Total Retention** \_\_\_\_\_

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**Billing Guidelines**

Conditional Upon Final (#3) lien release must be submitted with retention invoice

Unconditional supplier releases are due prior to final payment

Certified payroll documentation must be completed prior to final payment

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| Date | Company Name | Signature & Title |
|------|--------------|-------------------|
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**Guidelines are subject to change as required by project owners**



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**CONDITIONAL WAIVER AND RELEASE ON  
FINAL PAYMENT  
(CALIFORNIA CIVIL CODE §8136)**

**NOTICE: THIS DOCUMENT WAIVES THE CLAIMANT’S LIEN, STOP PAYMENT NOTICE, AND PAYMENT BOND RIGHTS EFFECTIVE ON RECEIPT OF PAYMENT. A PERSON SHOULD NOT RELY ON THIS DOCUMENT UNLESS SATISFIED THAT THE CLAIMANT HAS RECEIVED PAYMENT.**

**Identifying Information**

Name of Claimant: \_\_\_\_\_  
Name of Customer: \_\_\_\_\_  
Job Location: \_\_\_\_\_  
Owner: \_\_\_\_\_

**Conditional Waiver and Release**

This document waives and releases lien, stop payment notice, and payment bond rights the claimant has for labor and service provided, and equipment and material delivered, to the customer on this job. Rights based upon labor or service provided, or equipment or material delivered, pursuant to a written change order that has been fully executed by the parties prior to the date that this document is signed by the claimant, are waived and released by this document, unless listed as an Exception below. This document is effective only on the claimant’s receipt of payment from the financial institution on which the following check is drawn:

Maker of Check: \_\_\_\_\_  
Amount of Check: \$ \_\_\_\_\_  
Check Payable to: \_\_\_\_\_

**Exceptions**

This document does not affect any of the following:  
Disputed claims for extra compensation in the amount of: \$ \_\_\_\_\_

**Signature**

Claimant’s Signature: \_\_\_\_\_  
Claimant’s Printed Name: \_\_\_\_\_  
Claimant’s Title: \_\_\_\_\_  
Date of Signature: \_\_\_\_\_