

A.B.						
	Name of Claimant (La	st Name)		(First Name)		
of					,	
(if claim made as a	State (Residence of Cl ssignee then say as a	,				
(il cialiti filade as a	ssignee then say as a	ssignee or,				
Assignor Last Name				Assignor First Name		
Addres	ss of Assignor (Unit Num	ber, Street Number and Na	ame, City/Town, P	rovince and Postal Code)		
under the Forestry	Workers Lien for Wag	<i>es Act</i> , claims a lien upc	n certain logs or	timber of		
Na	ame and residence of the	e owner of logs or timber u	oon which the lien	is claimed (if known)		
which logs or timbe	er are composed of					
	Kinds of logs or timber such as pine sawlogs, cedar or other posts or railway ties, shingle bolts or staves etc.					
where situate at		in respect of the following work, that is to say,				
_	Time of Filing of Clain	n				
	Descriptio	on of the work done for wh	ich the lien is clain	ned		
which work was do						
Person upon whose credit the work was done (I			ne (Last Name)) (First Name)		
		of the person upon whose o				
	(Unit Number, Street	Number and Name, City/1	own, Province an	d Postal Code)		
Between the	day of	and the	day of	at		
per 🗌 day or 🗌	month .					
The amount claimed as due (or to become due) is the sum of \$				(and when credit has been given,		
the said work was	done on credit, and the	e period of credit will exp	ire on the	day of).	
Dated at		this	day of	, 20		
Signature of Claima	ant					