

## RELEASE OF STOP PAYMENT NOTICE

DOT DSB-0005 (REV 03/2025)

TO: DIRECTOR, DEPARTMENT OF TRANSPORTATION

c/o Division of Accounting

P. O. Box 168043, Suite PETS,

Sacramento, CA 95816-8043

E-mail: [stop.notice.occp@dot.ca.gov](mailto:stop.notice.occp@dot.ca.gov)

### RELEASE OF STOP PAYMENT NOTICE

RE: Stop Notice Payment Against \_\_\_\_\_  
(Contractor)

Contract No. \_\_\_\_\_

The undersigned hereby withdraws the stop payment notice in the amount of \$ \_\_\_\_\_ for labor, services, equipment, and/or material furnished in connection with the above contract. The undersigned also hereby releases the State of California, its subdivisions and agents, from any further duty under Civil Code Section 9358 to withhold money in response to the stop notice, and waives any right of action against them that might accrue thereunder.

Dated \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_, California.

I agree that by providing my electronic signature for this form, I agree to conduct business transactions by electronic means and that my electronic signature is the legal binding equivalent to my handwritten signature. I hereby agree that my electronic signature represents my execution or authentication of this form, and my intent to be bound by it.

SIGNATURE (Claimant or Representative)

Print

NAME OF FIRM

BUSINESS ADDRESS (Street or P.O. Box)

CITY

STATE

ZIP CODE

BUSINESS PHONE

( )

#### ADA Notice

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