

STOP PAYMENT NOTICE

DOT DSB-0003 (REV 07/2024)

DO NOT USE THIS SPACE

TO: DIRECTOR, DEPARTMENT OF TRANSPORTATION
 C/O DIVISION OF ACCOUNTING
 P. O. BOX 168043, Suite PETS,
 Sacramento, CA. 95816-8043
 Fax #: (916) 227-9736

CLAIM NUMBER _____

FILED _____

CONTRACT NUMBER _____

NAME (Claimant, print clearly) _____

BUSINESS ADDRESS (Street or P.O. Box) _____

CITY _____

STATE _____

ZIP CODE _____

AGAINST (Party who directly ordered your labor, services, equipment or materials) _____

AMOUNT CLAIMED

\$ _____

NOTICE IS HEREBY GIVEN, That the above named claimant hereby presents a verified statement of claim under and by virtue of the provisions of Section 9100 of the California Civil Code and a contract between the State of California and

Contract No. _____

(Name of prime contractor) _____

for the construction of a section of state highway in _____ County

District _____, District _____, or for the construction of _____

(Give location and general description of building, or improvements or repairs there to, etc.) _____ for

(General description of the labor, services, equipment, and/or materials performed or furnished) _____

IMPORTANT. PLEASE READa. Do you have a direct contractual relationship with the direct contractor? YES NOb. Is the claim for ACTUAL LABOR for wages owing claimant? YES NO**If the answer to both questions above is NO, please complete the following:**

a. On what date did you first furnish labor, services, equipment, and/or materials?

b. Within 20 days of that date, did you serve a preliminary notice under Civil Code Section 8034, 9300-9306

1. On the direct contractor? YES NO2. On the Department of Transportation? YES NO**PLEASE NOTE: Other side of form must be completed.****ADA Notice**

This document is available in alternative accessible formats. For more information, please contact the Forms Management Unit at (279) 234-2284, TTY 711, in writing at Forms Management Unit, 1120 N Street, MS-89, Sacramento, CA 95814, or by email at Forms.Management.Unit@dot.ca.gov.

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That the total value of labor, services, equipment, and/or materials agreed to be performed or furnished by claimant is _____ \$ _____

That the value of labor, services, equipment, and/or materials so performed or furnished as of the date of this notice is _____ \$ _____

That such claim has not been paid, except that there has been paid thereon the sum of _____ \$ _____

That there remains unpaid which is due this claimant and unpaid _____ \$ _____

VERIFICATION

I, the undersigned, say that I am the person named as claimant or representative in the foregoing claim; that I have read the same and know the contents thereof; that the same is true; and that it contains, among other things, a correct statement of my demand. I declare under penalty of perjury that the foregoing is true and correct.

Executed on this _____ day of _____, 2012

at _____, State of California.
(City)

SIGNATURE (Claimant or Representative)

NAME OF FIRM

BUSINESS ADDRESS (Street or P.O. Box)

CITY

STATE

ZIP CODE

BUSINESS PHONE

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