PARTIAL RELEASE AND WAIVER OF LIEN RIGHTS

THE STATE OF ____Ohio_____ }
}
COUNTY OF _____}

KNOW ALL MEN BY THESE PRESENTS:

OWNER: State of Ohio/Department of Natural Resources
PROJECT: _____
_____

The undersigned acknowledges receipt of the sum of $ _____ , from _____ check #_____ representing full payment due and payable for all labor performed and/or materials provided, less any retainage, through the period _____on the above Project. Description of services and/or materials provided: Inv # _____

In consideration of such payments, the undersigned hereby forever waives, relinquishes and releases all claims of every kind against the Property or the Owner, its agents, successors, assigns, construction lender and sureties, including but not limited to all liens and claims of liens, which the undersigned has or may have, as a result of or in connection with the performance or furnishing of labor or materials through the date hereof.

The undersigned does hereby represent and warrant that all persons or entities who have furnished labor or materials to the undersigned in connection with the Work performed through the date hereof have been paid all amounts to which they have become entitled, excepting agreed retainage not yet payable and due.

The undersigned hereby agrees to unconditionally indemnify and hold harmless the Owner, the Owner's construction lender, and their successors, assigns and sureties, against all loss, cost, damage, or expense by reason of any and all manner of liens, claims, or demands which anyone may have for labor performed, or for material or equipment furnished to the Project by, through or under the undersigned through the date hereof.

The person signing this document represents that he or she is duly authorized to do so on behalf of the undersigned.

EXECUTED this _____ day of _____, _____.

COMPANY NAME: _____

Name: _____

Title: _____

SUBSCRIBED AND SWORN TO BEFORE ME on this _____ day of _____, _____ to certify which witness my hand and official seal of office.

_____
Notary Public, State of __Ohio_____

My Commission Expires: _____