

## Garage Keepers' Lien Financing Statement

### Registration Details

**Note:** In these questions, the words "you" and "your" refer to the person claiming the lien.

1. Did you repair or store the vehicle?  No  Yes *If yes, complete the following:*
  - a. Do you still have possession of the vehicle?  No  Yes *If yes, proceed to question 3.*  

dd/mm/yy
  - b. If repaired or stored on your premises, when did you release it?   

dd/mm/yy
  - c. If repaired off your premises, when did you finish the repairs?   

dd/mm/yy
2. Did you provide accessories or parts for the vehicle?  No  Yes *If yes, when were they provided:*
3. How much is the lien (in dollars and cents)? \$

### Vehicle Owner(s)

**Owner 1** *Select one*  Business  Individual

Business Name or Last Name	First Name	Middle Name	Birthdate (if known) dd/mm/yy
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Owner 2** *Select one*  Business  Individual

Business Name or Last Name	First Name	Middle Name	Birthdate (if known) dd/mm/yy
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Person Claiming Lien

*Select one*  Business  Individual

Business Name or Last Name	First Name	Middle Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Describe Motor Vehicle, Farm Vehicle, Aircraft or Boat

Serial Number	Year (yyyy)	Make and Model	Category
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>			

**Authorized Signature**

Name of Person Authorized to Complete this Form (PRINT) Telephone number Call Box Number

<input type="text"/>	<input type="text"/>	<input type="text"/>
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