

**CLAIM AGAINST A CONTRACTOR**

Under Provisions of Chapter 573

Code of Iowa

Date: \_\_\_\_\_, 20 \_\_\_\_\_

MAIL OR DELIVER TO: City Clerk  
City Hall, 400 Robert D. Ray Drive  
Des Moines, IA 50309-1891

The undersigned \_\_\_\_\_ (Claimant)

\_\_\_\_\_ (Address)

herewith files claim against \_\_\_\_\_ (Principal Contractor)

\_\_\_\_\_ (Address)

or \_\_\_\_\_ (Sub-Contractor)

\_\_\_\_\_ (Address)

for labor and/or material furnished by us and used in the construction of City of Des Moines Public

Improvement entitled \_\_\_\_\_

\_\_\_\_\_

Activity ID \_\_\_\_\_, as per itemized statement on the attached documents showing a net

amount due of \$\_\_\_\_\_. (Copies of itemized bills or invoices may be attached in

lieu of itemization on the reverse of this form.)

**CLAIMANT'S AFFIDAVIT**

State of \_\_\_\_\_)

) ss:

County of \_\_\_\_\_)

I, \_\_\_\_\_, the \_\_\_\_\_ (Title)

for \_\_\_\_\_, do solemnly swear that the several items included in the above statement of claim are just, true and remain wholly unpaid and that within thirty days after the materials set out in the attached statement were delivered, the Principal Contractor was notified as to the amount, kind, and value of said materials so furnished and/or by itemized invoices rendered to said Principal Contractor during the progress of the work.

\_\_\_\_\_ (Claimant)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of \_\_\_\_\_,  
County of \_\_\_\_\_.  
My Commission Expires \_\_\_\_\_