

CLAIM AGAINST CONTRACTOR

Under Provisions of Iowa Code Chapter 573

Date: _____

(Send this form to BOTH of the following addresses):

TO: Board of Regents, State of Iowa
11260 Aurora Avenue
Urbandale, IA 50322-7905

AND: University of Iowa, FM D&C
Attn: Contract Manager
200 USB, Iowa City, IA 52242

We, the undersigned

_____ Claimant (Firm)

_____ Address

_____ Email Address

herewith the file claim against

_____ Subcontractor

_____ Address

_____ Prime Contractor

_____ Address

_____ Email Address

for labor, material, service, and/or transportation furnished by us and used by said contractor in the construction of

(Project Title, UI Job #)

as per the attached itemized exhibit showing a net amount due of

_____ dollars (_____).

CLAIMANT'S AFFIDAVIT

State of _____)

SS.

County of _____)

I, _____ (name), the _____ (title) of
(firm), do solemnly swear that the several items mentioned in the within statement and attached exhibit(s) are just, true, and wholly
unpaid; that the general contractor has been notified within 30 days after the materials are furnished or by itemized invoices
rendered to contractor during the progress of work, of the amount, kind, and value of the material furnished for use upon the said
public improvement.

_____ (firm)

_____ (name)

Subscribed and sworn to before me this ____ day of _____, 20__.

Notary Public in and for the State of Iowa