|  |  |
| --- | --- |
| DOTLOGO2 | **Subcontractor’s Notice**  **of Bond Claim** |

|  |
| --- |
|  |
| Date |

Omer Osman, P.E.

Acting Secretary

Department of Transportation

2300 South Dirksen Parkway, Room 300

Springfield, IL 62764

NOTICE OF BOND CLAIM

30 ILCS 550/1 & 550/2

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| YOU ARE HEREBY NOTIFIED that | | | | |  | | | | | | | | | | | |
| was employed by | | | |  | | | | | | | | | | | | |
| to provide construction supplies/services at the location of | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| under Contract # | | | ; | | | | by reason thereof there is due the undersigned sum of | | | | | | | | | |
|  | | | | | | | | | | | | | | Dollars | |
| ($     ). | | | The undersigned claims recovery under the contractor’s bond according to | | | | | | | | | | | | | |
| Statutes in such case made and provided. | | | | | | | | | | | | | | | | |
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|  | | | |  | | | | |
|  | | | | | (Company Name) | | | |
|  | | | | | | | | | | | | | | | | |
| By: |  | | | | |
| (Name and Title) | | | | |
|  | | | | | | | | | | | | | | | | |
| STATE OF ILLINOIS | | | | | | | | | | | | | | | | |
| COUNTY OF | |  | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Subscribed and sworn to before me this | | | | | |  | | | day of | | | , | | . | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| Notary Public | | | | | | | | |
|  | | | | | | | | | | | | | | | | |

cc: Prime Contractor

Bonding Company

CERTIFIED MAIL - RETURN RECEIPT REQUESTED TO ADDRESSEE ONLY