|  |  |
| --- | --- |
| 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. |
|  |       |
|  |       |
|  |       |
|  | (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