

LANDSCAPE CONTRACTORS BOARD
2111 Front St NE Ste 2-101
Salem, OR 97301
(503) 378-5909
Fax: (503) 378-5950
www.lcb.state.or.us

**STATEMENT OF CLAIM FORM
OWNER/ SUB VS. PRIME**



**INSTRUCTIONS FOR COMPLETION
OF THE STATEMENT OF CLAIM FORM**

Claims may only be filed up to one year after the date the work was substantially completed. Claims are for a breach of contract, negligent or improper work or unpaid labor only.

Complete all sections on the Statement of Claim form. If you do not have the landscaping business' LCB number, leave that space blank and we will insert it.

**FAILURE TO PROVIDE ALL INFORMATION REQUIRED MAY RESULT IN A DELAY
IN THE PROCESSING OF YOUR CLAIM.**

CONTRACT INFORMATION (Section 5):

Section 5 of the Statement of Claim form deals with the information regarding your contract with the landscaping business and must be completed. Be sure to note all dates and include the month, date and year. If your contract was based on an oral agreement, you must provide documentation to verify a contractual relationship between you and the landscaping business, such as statements, invoices, or billings, and both sides of canceled checks.

If your contract was written, provide a copy of **every** page of the contract. The contract must be signed by both you and the contractor. The copy must be clear enough to be photocopied.

OTHER INFORMATION (Section 6):

If you or the contractor have filed a complaint in court that relates to the same facts and issues contained in the Statement of Claim, submit a copy of the court filing.

Provide the total dollar amount associated with the damage you are claiming, if possible. If you have documentation that shows the dollar amount of your alleged damages, please submit it along with your claim form.

CLAIM ITEMS (Section 7):

On page 2 of the claim form you must provide a brief, itemized listing of exactly what work items you allege the respondent either failed to complete or completed in an improper and/or negligent manner. If the claim does not involve alleged negligent or improper work, clearly state the issues that you wish to be resolved in the claim.

DIRECTIONS TO JOB SITE (Section 8):

Please provide written directions or a simple drawing to the job site. Your directions or map should begin with an exit from a major highway.

BE SURE TO SIGN AND DATE THE STATEMENT OF CLAIM FORM.

GUIDELINES FOR FILING A CLAIM:

Use 8 ½" by 11" (normal letter size) paper whenever possible. If you have smaller items, please copy them onto 8 ½" by 11" paper. For two-sided items such as checks, remember to photocopy each side. Use white or very light colored paper. Other colors of paper do not copy well. **DO NOT SEND ORIGINALS. SEND ONLY LEGIBLE COPIES.**

Do not send photos, videotapes, or audiotapes. You should retain this type of documentation. Indicate in your claim that you have this documentation and provide a brief description of it. You may be asked to produce this material at a later time.

Type or write in blue or black ink. No pencil, please.

Do not attach post-it notes.

If you highlight portions of documents, please remember that when photocopied, the highlighted areas may black out the text behind it.

Failure to complete the Statement of Claim form or provide documentation through the claim process may result in the closure of your claim. If your claim is closed, you will lose potential access to the landscaping business' bond.

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STATEMENT OF CLAIM OWNER OR PRIME OR SUB CONTRACTOR

THIS BOX FOR OFFICE USE ONLY	
Claim Number _____	
License Dates: _____	
License Type: _____	
Bond Info: _____	
Contractor: _____	
OFFICE DATE STAMP	

1. PERSON FILING CLAIM (Claimant):			2. CLAIM AGAINST (Respondent):		
Name _____			Name _____		
Business Name (If Applicable) _____			Company _____		License No. _____
Mailing Address _____			Mailing Address _____		
City _____	State _____	Zip Code _____	City _____	State _____	Zip Code _____
Home Phone _____ () _____		Work Phone _____ () _____	Phone Number(s) with area codes _____		
Are you a licensed landscape contractor or construction contractor? LCB/CCB # _____			4. TYPE OF CLAIM <input type="checkbox"/> Breach of Contract Claim <input type="checkbox"/> Negligent or Improper Work Claim <input type="checkbox"/> Claim by Prime Contractor against Sub <input type="checkbox"/> Claim by Sub against Prime Note: If claim by material or equipment supplier, use Form Statement of Claim – Material/Equipment. For claim by employee use Form Statement of Claim - Employee.		
3. JOB SITE ADDRESS					
Street _____			What is the amount you are claiming? \$ _____		
City _____	State _____	Zip Code _____			
5. CONTRACT			Have you contacted the business to resolve the matter? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____ Result? _____ _____		
<input type="checkbox"/> Oral (Submit checks & invoices to verify contractual relationship) <input type="checkbox"/> Written (Complete copy of contract must be attached)					
Contract Date _____	Total Contract Amount \$ _____	Total Paid to Date \$ _____			
Date Work Started (mm/dd/yy) _____		Date Work Ceased (mm/dd/yy) _____			
6. OTHER					
<input type="checkbox"/> Check this box if this issue has been submitted to a court or arbitration for determination or resolution and attach court documents.					

I certify that the foregoing statement of claim with all attachments are true, complete, and correct to the best of my knowledge and belief.

Signature: _____ Date _____

