

**LANDSCAPE CONTRACTORS BOARD**  
2111 Front St NE Ste 2-101  
Salem, OR 97301  
(503) 967-6291  
Fax: (503) 967-6298  
[www.oregon.gov/lcb](http://www.oregon.gov/lcb)

**STATEMENT OF CLAIM FORM  
MATERIAL SUPPLIER**



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

Claims may only be filed up to one year after the delivery date. Claims are for a breach of contract for unpaid material or equipment. Also note that nonowner claims (this includes material supplier claims) may only receive up to \$3,000 of any one bond. This means that all nonowner claims together may only receive up to \$3,000 of any one bond.

1. **Complete all applicable boxes on the claim form. If you fail to do this, the form will be returned to you for completion and the processing of your claim will be delayed.** However, if you do not have the landscape contracting business' LCB number, leave that space blank and we will search our records for the number.
2. Be sure to include a complete list of unpaid invoices in chronological order. Attach a copy of each invoice listed. Provide documentation to verify your claim, such as statements, invoices, or billings, and both sides of NSF checks.
3. Be sure to date and sign the claim form.

**PLEASE ADHERE TO THE FOLLOWING GUIDELINES IN ALL INFORMATION YOU SUBMIT THROUGH THE PROCESSING OF THIS CLAIM.**

1. Use 8 ½” by 11” (normal letter size) paper. If you have items smaller than 8 ½” by 11”, please tape them to 8 ½” by 11” paper. For two-sided items such as checks, photocopy each side. Send legible copies, not originals.
2. Type or write in blue or black ink. No pencil, please.
3. Don't organize documents in notebooks or binders. These will not fit in our files. Please don't attach post-it notes or business cards.
4. Allow at least a ½” margin on all sides of each page, and do not write on both sides of the paper.
5. Use white paper. Other colors of paper do not copy well.
6. Do not highlight portions of documents. When photocopied, the highlighted areas black out the text behind it.

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<b>THIS BOX FOR OFFICE USE ONLY</b>	
Claim Number:	
License Date:	
License Type:	
Bond Info:	
Contractor:	
OFFICE DATE STAMP	

## STATEMENT OF CLAIM MATERIAL/EQUIPMENT

<b>1. Person Making Complaint</b> Company Name				<b>2. Complaint Against</b> Company Name				
Name of Representative			Position/Title			Contact Person		License No.
Mailing Address				Mailing Address				
City	State	Zip	Phone	City	State	Zip	Phone	
			( )				( )	
Email				Email				

**3. Other Filings**

Check this box if other LCB claim(s) have been filed affecting this property (Claim No.(s) \_\_\_\_\_)

Check this box if this issue has been submitted to a court or arbitration for determination or resolution, and attach details

**4. Claim Details**  
 Please complete the following recap. Invoices must be listed in chronological order (oldest first, most recent last). The total amount claimed must reconcile with the invoices listed. Attached a copy of each invoice listed.

Date of Invoice	Invoice #	Invoice Amount	Complete Job Site Address

Have you contacted the business to resolve the matter?  Yes  No      When? \_\_\_\_\_

Result? \_\_\_\_\_

A. Total of invoices listed .....\$ \_\_\_\_\_

B. Enter total amount of tools, interest, and service charges included in above invoices .....\$ \_\_\_\_\_

C. Enter total payments received or other credits to apply against above invoices .....\$ \_\_\_\_\_

D. Total of A minus B & C.....\$ \_\_\_\_\_

The foregoing is true, complete, and correct to the best of my knowledge and belief.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

