

LANDSCAPE CONTRACTORS BOARD (LCB)  
STATEMENT OF CLAIM FORM  
OWNER OR PRIME/SUBCONTRACTOR



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

1. **Claims may only be filed up to one year** after the date the work was substantially completed. This form is for a breach of contract, negligent or improper work, liens or unpaid labor only.
2. **Caution: Using E-Mail to Communicate with the LCB.** E-mail is not a reliable method to send information to the LCB. The state e-mail filters may delete your e-mail before we receive it or we may delete the e-mail thinking it is spam. If you choose to submit items by e-mail and you do not receive a response, please call to verify receipt.
3. Complete all applicable boxes on the form and date and sign the form at the bottom. If you do not give all required information or do not sign the form, it will result in delaying the processing of your claim. **However, if you do not have the license number of the landscape contracting business, you can leave that space blank and we will search our records for the number.**

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

4. You are required to notify the LCB within 10 days if you change your address. Both parties may receive certain legal documents by first class and/or certified mail during the processing of this claim. These documents may require action by a particular date. **You are responsible for picking up your mail and responding in a timely manner.**
5. Section 3 of the complaint form is for information about your contract with the landscape contracting business. You must fill in this area. Be sure to fill in all dates and include the month, date, and year. We cannot use documents you send us to fill in the form for you or assume what information should be on the form.

## 6. Proof of Contract:

- If you had an oral contract for the work, you must send documents to prove you had a contract. Those documents could be invoices, billings, both sides of canceled checks, email, texts, etc. Make sure the copies sent to this office are clear and legible.
- If you had a written contract for the work, you must send a copy of **every page** of that contract.

### **FAILURE TO PROVIDE A COMPLETE COPY OF YOUR WRITTEN CONTRACT OR OTHER CONTRACT DOCUMENTS, MAY RESULT IN A DELAY IN PROCESSING YOUR CLAIM OR A DISMISSAL OF YOUR CLAIM.**

7. On page 2 of the complaint form be sure to give a brief, numbered list of exactly what work items you believe the business did wrong, did not finish, or did not start. If the claim is not for negligent or improper work, clearly state what the business did that breached your contract and what you want us to help you resolve.
8. Be sure to date and sign the claim form.

#### **Other Information (Section 6):**

9. If you or the business have filed a complaint in court that relates to the same facts and issues contained in the Statement of Claim, you must submit a a copy of the court filing.
10. Provide the total dollar amount associated with the damage you are claiming, if possible. If you have an estimate/bid from another licensed business that shows the dollar amount of your alleged damages, please submit it along with your claim form.

## **LIEN DOCUMENTS**

The person or business filing the lien is call the "Lienor".

You must also send all of the following, if applicable:

A copy of the Notice of Right to a Lien that the lienor gave you when they either delivered materials or began their work.

A copy of the recorded construction lien showing the county recorder's stamp and date of filing information.

Proof that you paid the landscape contracting business for the work and materials.

A copy of each invoice or billing from the landscape contracting business.

A copy of an invoice from the lienor.

Any foreclosure documents.

#### **Additional documents you might need to provide**

If you paid the lien to keep a foreclosure suit from being filed or for any other reason, you need to send documents to show that you paid to have the lien removed and the amount you paid.

If the lienor filed a foreclosure suit to collect on the lien, you must also send a copy of that foreclosure suit.

## GUIDELINES FOR FILING A CLAIM

1. 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, photocopy each side. **SEND LEGIBLE COPIES, NOT ORIGINALS.**
2. **If you have photos, videotapes, or audiotapes** please send two copies. The extra copy will be sent by this office to the landscape contracting business. You may also be requested to submit an additional copy further in the process if this claim goes to hearing. Colored photos are best sent on a disk or thumb drive (you must provide two disks or thumb drives).
3. Do not use pencil because it does not copy well.
4. Do not put documents in notebooks or binders. These do not fit in our files and have to be removed to be copied. Please do not attach post-it notes to any documents or information.
5. Allow at least a ½" margin on all sides of each page. Single sided documents are best.
6. Use white paper. Colored paper does not copy well.
7. Do not highlight portions of documents. If you highlight portions of documents, please remember that when photocopied, the highlighted areas may blacken out the text.
8. Do not use staples.

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 bond.

**Landscape Contractors Board**  
**2111 Front St NE Ste 2-101**  
**Salem OR 97301**  
**Telephone: (503) 967-6291**  
**Fax: (503) 967-6298**  
**www.oregon.gov/lcb**

**STATEMENT OF CLAIM  
 OWNER OR  
 PRIME OR SUB CONTRACTOR**

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

<b>1. PERSON FILING CLAIM (Claimant):</b> Name			<b>4. CLAIM AGAINST (Respondent):</b> Company			Lic No.
Business Name (If Applicable)			Contact Person			
Mailing Address			Mailing Address			
City		State	Zip Code			
Home Phone	Work Phone	Cell Phone		Phone Number(s)		
Email Address			Email Address			
<input type="checkbox"/> Check this box if you are a licensed landscape contractor or construction contractor. LCB/CCB #			<b>5. TYPE OF CLAIM</b> – you can mark more than one box			
<b>2. JOB SITE ADDRESS</b> (if different than above)			<input type="checkbox"/> Breach of Contract Claim <input type="checkbox"/> Negligent or Improper Work Claim			
Street		City		State	Zip Code	
<b>3. CONTRACT</b>			<b>Note:</b> If claim by material or equipment supplier, use Statement of Claim – Material/Equipment. For claim by employee use Statement of Claim - Employee.			
<input type="checkbox"/> Oral (Submit checks & invoices) <input type="checkbox"/> Written ( <b>A complete copy of the contract must be attached</b> )			<b>6. Additional Info.</b>			
Contract Date	Total Contract Amount	Total Paid to Date		Estimated amount you are claiming? \$ _____		
	\$	\$				
Date Work Started (mm/dd/yy)		Date Work Ceased (mm/dd/yy)				
<input type="checkbox"/> Check this box if this complaint has also been submitted to the Construction Contractors Board.			<input type="checkbox"/> Check this box if this issue has been submitted to a court or arbitration for determination or resolution. You must attach court documents.			

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

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

Date \_\_\_\_\_

**STATEMENT OF CLAIM**  
**OWNER OR**  
**PRIME OR SUB CONTRACTOR**  
(Continued)

FOR OFFICE USE ONLY

Claim Number:

**7. Claim Items**

No.	Briefly List Claims Items by Number (attach a separate page, if needed):
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

**8. Details**

No.	This section is for more details for each claim item listed above (attach a separate page, if needed):
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	