

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



**INFORMATION ABOUT THE 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. The LCB requires parties to notify the agency within 10 days of an address change. 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. Parties are responsible for picking up mail and responding in a timely manner. **Failure to provide all information required may result in a delay in processing or a dismissal of the claim.**
3. This form and supporting documents may be mailed, faxed, or emailed to the agency. Note: state email filters may delete your email. **If you choose to submit items by email and you do not receive a response, please call to verify receipt.**

**INSTRUCTIONS FOR COMPLETION OF THE CLAIM FORM**

1. **Complete all applicable boxes** on the form, sign and date the form at the bottom. If you do not provide all required information or do not sign the form, it will result in delaying the processing of your claim. If you do not have the license number of the landscape contracting business, leave that space blank and LCB staff will search records for the license number.
2. **Contract Information**
  - Section 3 of the complaint form is for information about the contract with the landscape contracting business which must be completed. Be sure to fill in all dates and include the month, date, and year. LCB staff cannot use documents sent to fill in the form.
  - If there was an oral contract for the work, please submit documents to show that agreement. Examples of documents could include invoices, billings, both sides of canceled checks, emails, and/or text messages, etc. Make sure the copies sent to the agency are clear and legible.

- If there was a written contract for the work, please submit a copy of *every page* of that contract.
  - **Failure to provide a complete copy of the written contract or other documents may result in a delay in processing or a dismissal of the claim.**
- 3. Claim Items Details.** 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. Clearly state what the business did that breached the contract or the work that was negligent or improper and what you want the LCB to help resolve.
- 4. Sign and date.** Be sure to date and sign the claim form.
- 5. Additional Information** (section 6)
- 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 copy of the court filing.
  - 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. If you do not know the amount, please state "unknown".

## **LIEN DOCUMENTS**

A person or business filing a lien is call a "Lienor". The following must also be sent, 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, please submit the 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; please do not send double sided copies. **Copies must be legible. Please do not send original documents.**

**2.** If you have hard copy photos, 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 by email or as a hardcopy. Due to security restrictions flashdrives are not accepted. Since the person filing the claim has the burden of proof, photos may be necessary, but please limit the number of photos for each claim item. A suggested number is up to 5 for each claim item. If you believe you need to submit more photos, please discuss with LCB staff before submitting them.

**3.** A fillable electronic version of this form can be found at [www.oregon.gov/lcb](http://www.oregon.gov/lcb). Use pen to complete the paper versions of the form (pencil does not copy well).

**4.** Do not put documents in notebooks or binders. These do not fit in agency 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. Highlighted areas may darken the text, making it illegible. 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, potential access to the bond

**8.** Do not use staples.

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 Salem, OR 97301  
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 Fax: (503) 967-6298 Email:  
[lcb.info@lcb.oregon.gov](mailto:lcb.info@lcb.oregon.gov)  
[www.oregon.gov/lcb](http://www.oregon.gov/lcb)

## STATEMENT OF CLAIM

### Breach of Contract and Negligent or Improper Work

<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  Business Name (If Applicable)  Mailing Address  <div style="display: flex; justify-content: space-between;"> <span>City</span> <span>State</span> <span>Zip Code</span> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">Home Phone</div> <div style="width: 30%;">Work Phone</div> <div style="width: 30%;">Cell Phone</div> </div> Email Address  <input type="checkbox"/> Check this box if you are a licensed landscape contractor or construction contractor. LCB/CCB #	<b>4. CLAIM AGAINST (Respondent):</b> Company  Contact Person  Mailing Address  <div style="display: flex; justify-content: space-between;"> <span>City</span> <span>State</span> <span>Zip Code</span> </div> Phone Number(s)  Email Address  <b>5. TYPE OF CLAIM – only mark one box</b>  <input type="checkbox"/> Homeowner <input type="checkbox"/> Sub Contractor vs. Prime Contractor <input type="checkbox"/> Prime Contractor vs. Sub Contractor  <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.						
<b>2. JOB SITE ADDRESS</b> (if different than above) Street  <div style="display: flex; justify-content: space-between;"> <span>City</span> <span>State</span> <span>Zip Code</span> </div>	<b>6. Additional Information</b>  Estimated amount you are claiming? \$_____						
<b>3. CONTRACT</b> <input type="checkbox"/> Oral (Submit checks & invoices) <input type="checkbox"/> Written ( <b>A complete copy of the contract must be attached</b> ) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;"><b>Contract Date</b></td> <td style="width: 33%; padding: 5px;"><b>Total Contract Amount</b> \$</td> <td style="width: 33%; padding: 5px;"><b>Total Paid to Date</b> \$</td> </tr> <tr> <td style="padding: 5px;">Date Work Started (mm/dd/yy)</td> <td colspan="2" style="padding: 5px;">Date Work Ceased (mm/dd/yy)</td> </tr> </table> <input type="checkbox"/> Check this box if this complaint has also been submitted to the Construction Contractors Board.	<b>Contract Date</b>	<b>Total Contract Amount</b> \$	<b>Total Paid to Date</b> \$	Date Work Started (mm/dd/yy)	Date Work Ceased (mm/dd/yy)		<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.
<b>Contract Date</b>	<b>Total Contract Amount</b> \$	<b>Total Paid to Date</b> \$					
Date Work Started (mm/dd/yy)	Date Work Ceased (mm/dd/yy)						

*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

Breach of Contract and  
Negligent or Improper Work  
(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 additional details for each claim item listed above (attach a separate page, if needed):
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	