

**PRIME CONTRACTOR DISPUTE  
OF CLAIM FOR PUBLIC IMPROVEMENT LIEN  
§ 779.15(3), Wis. Stats.**

*This Dispute of Claim must be served on the public entity, by registered or certified mail if to the state or by any means providing written confirmation of service if on county, town, or municipality, within thirty (30) days of service of a Claim for Public Improvement Lien as set forth in §§ 779.01(2)(e), 779.15(3), Wis. Stats. A copy of this dispute of claim must also be sent to the lien Claimant. § 779.15(3), Wis. Stats.*

DATE: \_\_\_\_\_

1. Prime Contractor:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Claimant:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Public Entity:

\_\_\_\_\_

(State/County/Town/Municipality/Other)

4. Project Number: \_\_\_\_\_

5. Date of Service of Claim for  
Public Improvement Lien by Claimant on Prime Contractor: \_\_\_\_\_

6. Amount Claimed by Claimant: \$ \_\_\_\_\_

PLEASE TAKE NOTE THAT the above Prime Contractor hereby disputes \$ \_\_\_\_\_

(amount disputed)

of the amount claimed by the above Claimant and provides this written notice requiring the amount claimed by Claimant to be held by the Public Entity until determination of entitlement shall be resolved as provided by § 779.15(3), Wis. Stats.

Prime Contractor: \_\_\_\_\_

By: \_\_\_\_\_

(Signature)

Authorized Agent: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_