## TEXAS CONDITIONAL WAIVER AND RELEASE UPON FINAL PAYMENT

Project Name:
Job, Contract or Invoice Number(s):
On receipt by signer of this document of a check from
in the sum of payable to,
and when the check has been properly endorsed and has been paid by the bank upon which it is drawn, this document shall
become effective to release any mechanic's lien right, any right arising from a payment bond that complies with a state or
federal statute, any common law payment bond right, any claim for payment, and any rights under any similar ordinance,
rule, or statute related to claim or payment rights for persons in the signer's position that the signer has on the property of
located at to the
following extent:
This release covers the final payment to the signer for all work, materials or equipment furnished to the property or to
Before any recipient of this document relies on this document, the recipient should verify evidence of payment to the signer.
The signer warrants that the signer has already paid or will use the funds received from this final payment to promptly pay in full all of the signer's laborers, subcontractors, materialmen, and suppliers for all work, materials, equipment, or services provided for or to the above referenced project up to the date of this waiver and release.
Dated/ for
Signed By:
Print Name/Title:

(Notary Form Attached)

## ACKNOWLEDGEMENT BY NOTARY PUBLIC

State of	)
	)
County of	)

On \_\_\_\_/ \_\_\_\_ before me, the undersigned \_\_\_\_\_

a Notary Public in and for said State, personally appeared:

proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the attached instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or their entity upon behalf for which the person(s) acted, executed the instrument.

Notary's Name (Typed or Printed)

Notary's Signature (Affix Seal)

## CAPACITY CLAIMED BY SIGNER

Individual
Subscribing Witness
Corporate Officer(s)
Partner(s)
Guardian
Attorney-In-Fact
Trustee(s)
Other

## Title

Attention Notary: Although the information requested below is OPTIONAL, it could prevent fraudulent attachment of this certificate to unauthorized documents.

Title or Type of Document:

Date of Document:	/	/	 

Number of Pages: \_\_\_\_\_

Additional Signer(s) to document not personally appearing before me