

RECORDING REQUESTED BY:

WHEN RECORDED MAIL TO:

Name  
Street Address  
City  
State  
Zip  
L

Santa Barbara Unified School District  
724 Santa Barbara Street  
Santa Barbara, California 93101

Space above this line for recorder's use

WOLCOTT'S FORMS, INC.

SINCE 1893

## NOTICE OF COMPLETION

Notice pursuant to Civil Code Section 3093, must be filed within 10 days after completion. (See reverse side for complete requirements.)  
Notice is hereby given that:

1. The undersigned is owner or corporate officer of the owner of the interest or estate stated below in the property hereinafter described.
2. The full name of the owner is Santa Barbara Unified School District
3. The full address of the owner is 720 Santa Barbara Street, Santa Barbara, California 93101
4. The nature of the interest or estate of the owner is: In fee.

Fee Simple

(If other than Fee, strike "In fee" and insert, for example, "purchaser under contract of purchase," or "Lessee")

5. The full names and full addresses of all persons, if any, who hold title with the undersigned as joint tenants or as tenants in common are:

NAMES

ADDRESSES

6. The full names and full addresses of the predecessors in interest of the undersigned, if the property was transferred subsequent to the commencement of the work or improvements herein referred to:

NAMES

ADDRESSES

7. A work of improvement on the property hereinafter described was completed on January 14, 2014. The work done was:  
Fire Alarm System Replacement

8. The names of the contractor, if any, for such work of improvement was JAM Corporation  
1930 South Myrtle Avenue, Monrovia, CA 91016 July 9, 2013

(If no contractor for work of improvement as a whole, insert "None")

(Date of Contract)

9. The property on which said work of improvement was completed is in the City of Santa Barbara  
County of Santa Barbara, State of CA, and is described as follows:  
Harding University Partnership School

10. The street address of said property is 1625 Robbins Street

(If no street address has been officially assigned, insert "none".)

January 14, 2014

Dated \_\_\_\_\_

(Signature of Owner or corporate officer of Owner named in paragraph 2, or his agent)

### VERIFICATION

I, the undersigned, say: I am the Assistant Superintendent, the Declarant of the foregoing Notice of Completion;  
(President of, Manager of, Partner of, Owner of, etc.)  
I have read said Notice of Completion and know the contents thereof; the same is true to my own knowledge. I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 14, 20 14 at Santa Barbara, CA.

(Personal signature of the individual who is swearing that the contents of the Notice of Completion are true)

Before you use this form, fill in all blanks, and make whatever changes are appropriate and necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use. Wolcotts makes no representation or warranty, express or implied, with respect to the merchantability or fitness of this form for an intended use or purpose. ©2005 WOLCOTT'S FORMS, INC.



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FORM 1114 Rev. 10-05