

# PROJECT INFORMATION



Please fill out the form and email it to [acct@metaldecking.com](mailto:acct@metaldecking.com) or fax it to 713-991-4747.

## Completed by

First Name:	Last Name:
Email:	

## Project Information

Project or Jobsite Name:		
Street Address:		
City:	State:	Zip Code:
County:		
Legal Description of Property:		
Construction Type:	New	Improvement
Size of Job:	One Building	Several Buildings

## Owner Information

Project Owner's Corp. Legal Name:		
Owner's Mailing Address:		
City:	State:	Zip Code:
Owner's Phone:		

## Contractors Information

Project's Prime Contractor's Corp. Name:		
Contractor's Mailing Address:		
City:	State:	Zip Code:
Contractor's Phone:		
Project's Subcontractor's Corp. Name:		
Subcontractor's Mailing Address:		
City:	State:	Zip Code:
Subcontractor's Phone:		

## PROJECT INFORMATION

### Lender Information

Construction Lender Name:

Construction Lender Address:

City:

State:

Zip Code:

Construction Lender Phone:

Has general contractor filed a notice that the project has begun (Notice of Commencement)?

Yes No Unknown

Has general contractor filed a notice that the project has been completed (Notice of Termination)?

Yes No Unknown

Name of Project Bonding Company (if applicable):

Project Bonding Company Address:

City:

State:

Zip Code:

Project Bonding Company Phone:

### Public Works Jobs

Name of Municipality or Public Authority:

Policy # or Bond :

Contract # or Job #:

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**CSM Metal Deck**

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