

CALIFORNIA PRELIMINARY NOTICE INFORMATION REQUEST

	REQUEST DATE:
CUSTOMER NAME: CUSTOMER FAX NUMBER:	CUSTOMER PHONE:
JOB NAME: JOB ADDRESS: CITY & STATE:	JOB #: TRACT #:
OWNER'S NAME: OWNER'S ADDRESS: CITY, STATE, ZIP CODE:	
ORIGINAL CONTRACTOR: CONRACTOR'S ADDRESS: CITY, STATE, ZIP CODE:	
CONSTRUCTION LENDER: LENDER'S ADDRESS: CITY, STATE, ZIP CODE:	
PROBABLE AMOUNT OF SALE:	DATE OF 1ST SHIP:
TYPE OF MATERIAL SOLD:	DOMESTIC WATER SYSTEMS & SERVICES SEWER SYSTEMS FIRE PROTECTION SYSTEM STORM DRAIN SYSTEM OTHER
ADDITIONAL INFORMATION:	