

PRE-NOTIFICATION WORKSHEET

A. JOB INFORMATION

Company Name:				Phone:	
Address:				Email:	
City:			State:		Zip:
Job Name:					
Address:					County:
City:		State:		Zip:	
Contract or P.O. # / Job #:					
SkyLine Work Start Date:			Actual Estimated Project Manager:		
Is the Job:	DV			·	
Private Works	Yes	L No			
Public Works	🖵 Yes	🗅 No			
Is the Job Bonded	🗅 Yes	🗅 No	If yes, please provide a copy of the bond		
OCIP / CCIP	🖵 Yes	🖵 No	Contact Name, Phone & Email:)		
Certified Payroll	🗅 Yes	🖵 No	Contact Name, Phone & Email:)		
If yes, what is the Project's Department of Industrial Relations # (DIR #):					

B. OWNER

Owner of Property/Project:	Phone:	
Address:		Fax:
City:	State:	Zip:

C. GENERAL CONTRACTOR

General Contractor Name:	Phone:	
Address:		Fax:
City:	State:	Zip:

D. LENDER

Name of Bank / Lender:	Phone:			
Address:		Fax:		
City:	State:	Zip:		
Bond #:				

Form Completed By:

Date

PLEASE FAX COMPLETED FORM TO 916.391.1465 OR OR EMAIL TO AR@SKYLINESCAFFOLD.COM