

PRE-NOTIFICATION WORKSHEET



Date: _____

Public or Private Work? YES NO

Certified Payroll? YES NO

OCIP? YES NO

JOB INFORMATION

Customer Name (Your Name):		Phone:
Address:		Fax:
City:	State:	Zip:
Project Name:		
Job Address:		
Contract or P.O. # / Job #:		Project Manager:

OWNER

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

GENERAL CONTRACTOR

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

LENDER

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

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