



PRELIMINARY INFORMATION SHEET

DATE: _____
PROJECT NAME: _____
PROJECT LOCATION: _____
PROJECT TYPE: PRIVATE ☐ PUBLIC ☐ FEDERAL ☐ RESERVATION ☐
SHIPMENT DATE OF MATERIAL: _____
ESTIMATED GLASS VALUE: _____ MATERIAL SUPPLIED: _____

SUBCONTRACTOR: _____ CUSTOMER NUMBER: _____
ADDRESS: _____ PHONE: _____
GLASS/GLAZING CONTRACTOR LICENSE NUMBER: _____
NOT INSTALLING GLASS FOR THIS PROJECT: ☐

SECOND SUBCONTRACTOR: _____ CUSTOMER NUMBER: _____
ADDRESS: _____ PHONE: _____
GLASS/GLAZING CONTRACTOR LICENSE NUMBER: _____

GENERAL CONTRACTOR: _____ LICENSE #: _____
ADDRESS: _____ PHONE: _____

OWNER: _____
ADDRESS: _____ PHONE: _____

TENANT: _____ CONTACT: _____
ADDRESS: _____ PHONE: _____

LENDER: _____ CONTACT: _____
ADDRESS: _____ PHONE: _____

BONDING COMPANY: _____ BOND NUMBER: _____