

TWENTY-DAY PRELIMINARY NOTICE AND JOB INFORMATION

General Contractor ID. # _____

Name _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

Comments/Contact _____ Phone # _____

Customer's General Account # _____

Customer's Name _____

Job # _____ Start Date _____

Job Name _____ Est. Completion _____

Address 1 _____ Rev. Completion _____

Address 2 _____ Status _____

City _____ State _____ Zip _____

Phone # _____ Person to Contact _____

Original Lien Amt. _____ Terms Code Z

Tax Code _____

Preliminary Amount _____ Price Class _____

Surety _____ Bond _____

Job Quoted ? Yes / No If Yes please attach Quote.

Prepared by: Name _____ Date: _____