



JOB INFORMATION SHEET

Job information required to prepare preliminary lien notification. Failure to return form will impact production.

You may either write the information in the space provided or send prefilled form

Attention: Karine Stepanian Phone: (909) 281-3363 Email: kstepanian@sdfab.com

CUSTOMER: _____ JOB/PO#: _____

PROJECT: _____

LOCATION: _____

Joint Check Request: (Y) (N)

Estimated Total Purchase from SDFAB: \$ _____ Approx. Date of Completion: _____

PROPERTY OWNER: _____ PH: _____

ADDRESS: _____

City _____ State: _____ Zip: _____

DIRECT CONTRACTOR: _____ PH: _____

ADDRESS: _____

City: _____ State: _____ Zip: _____

PROJECT MANGER NAME: _____ PH: _____

CONSTRUCTION LENDER: _____

ADDRESS: _____

City: _____ State: _____ Zip: _____

MECHANICAL CONTRACTOR: _____ PH: _____

ADDRESS: _____

City: _____ State: _____ Zip: _____

PRIVATE PROJECT: PUBLIC PROJECT: (if public please provide Bonding information)

BONDING COMPANY: _____ PH: _____

ADDRESS: _____

City: _____ State: _____ Zip: _____

CONTACT NAME: _____ BOND NO: _____

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