



REQUEST FOR PRELIMINARY NOTICE INFORMATION
PLEASE COMPLETE AND FAX THIS FORM TO: (805) 306-2498 WITHIN 2 DAYS

JOB INFORMATION (COMPLETE OR CORRECT THE FOLLOWING)

CUSTOMER		JOB#
JOB NAME:	TRACT#	LOT#
ADDRESS OR LOCATION:		
PO#	PROJECT#	WORK ORDER#
PUBLIC:	PRIVATE:	ANTICIPATED DATE OF COMPLETION:
TYPE OF MATERIAL TO PURCHASE:		

LENDER:

NAME:		
ADDRESS:		
CITY:	STATE & ZIP:	PHONE#

OWNER:

NAME:		
ADDRESS:		
CITY:	STATE & ZIP:	PHONE#

PRIME CONTRACTOR:

NAME:		
ADDRESS:		
CITY:	STATE & ZIP:	PHONE#

BONDING COMPANY OR AGENT:

NAME:		
ADDRESS:		
CITY:	STATE & ZIP:	PHONE#
BOND #	Contract #	

SIGNATURE: _____ COMPANY: _____

PLEASE INCLUDE PHONE NUMBER OF GENERAL. THANK YOU