

# Project Information Sheet

Date: \_\_\_\_\_ Salesman Name: \_\_\_\_\_ Location \_\_\_\_\_

Job Name: \_\_\_\_\_

Address or Project site: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

*Where Mueller Roofing Dist., has been contracted to furnish material.*

Estimated Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

Dollar Amount: \_\_\_\_\_ Notice of Commencement: Available / Not Available (Circle and Enclose)

**Owners Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone/Fax Number: \_\_\_\_\_

**General Contractor:** \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone/Fax Number: \_\_\_\_\_

*Original Contractor with whom Mueller Roofing Dist., Inc. has contracted to furnish material or provide work etc.*

**Contractor Name:** \_\_\_\_\_ Account # \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone/Fax Number: \_\_\_\_\_

Is Purchase Order Required: Yes or NO - List PO# \_\_\_\_\_

Signatures Required: \_\_\_\_\_

Any Special Information Needed for Billing, or if Billing Address is different than listed above: \_\_\_\_\_

Does this Job use an Affidavit Service? If so, which one? List Phone Number \_\_\_\_\_

Name, Address and phone number of Bank used on Project if available: \_\_\_\_\_

Name & Address of Any Part Owner or Lessee? \_\_\_\_\_

Name & Address of Original Contractor under which the Lien Claimant Performed Work, Etc. \_\_\_\_\_

Either "Was Furnished" or "Will be Furnished" as Applicable: \_\_\_\_\_

Name and Address of Lien Claimant: \_\_\_\_\_

Name and Capacity of Individual or Party Signing for Lien Claimant: \_\_\_\_\_

THIS IS A FORMAL REQUEST FOR THE NOTICE OF COMMENCEMENT. THE UNDERSIGNED AGREES TO FORWARD IMMEDIATELY A COPY OF THE NOTICE OF COMMENCEMENT WHICH IS OR WILL BE RECORDED TO:  
Attn: A/R Department 327 East Wyoming Avenue Lockland, OH. 45215

Signature \_\_\_\_\_ Date \_\_\_\_\_