



PRE-NOTIFICATION WORKSHEET

DATE: _____

JOB INFORMATION

Customer Name: _____

Address: _____ Phone: _____
Fax: _____

City & State: _____ Zip _____

Project Name: _____

Job Address: _____

Contract or P.O. No. _____

OWNER

Owner of Property/Project: _____

Address: _____ Phone: _____
Fax: _____

City & State: _____ Zip: _____

GENERAL CONTRACTOR

Name of General Contractor: _____

Address: _____ Phone: _____
Fax: _____

City & State: _____ Zip: _____

LENDER

Name of Bank/Lender: _____

Address: _____ Phone: _____

City & State: _____ Zip: _____

PLEASE FAX COMPLETED WORKSHEET TO 916.391.1465

Skyline Scaffold, Inc. 3131 52nd Avenue Sacramento, Ca. 95823 916.391.8929
Contractor's License #858633