

CLIENT INFORMATION SHEET

DATE: _____

CLIENT NAMES 1. _____ 2. _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

CONTACT NUMBERS:

HOME _____

WORK _____

CELL _____

FAX _____

EMAIL _____

PROJECT INFORMATION

JOB NAME _____

JOB CONTACTS 1. _____ 2. _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

JOB SITE PHONE _____

COUNTY _____

PARCEL NUMBER _____

SNOW LOADS _____

SEISMIC ZONE _____

WIND SPEED/EXPOSURE _____