

PERFORMANCE

SWING STAGE, INC.

PRE-NOTIFICATION WORKSHEET

DATE _____

JOB INFORMATION

CUSTOMER NAME (YOUR NAME)		PHONE
ADDRESS		FAX
CITY	STATE	ZIP
NAME OF JOB		
JOB ADDRESS		
CONTRACT OR P.O. NUMBER		

OWNER

OWNER OF PROPERTY/PROJECT		
ADDRESS		
CITY	STATE	ZIP

GENERAL CONTRACTOR

GENERAL CONTRACTOR NAME		
ADDRESS		PHONE
CITY	STATE	ZIP

LENDER

BANK/LENDER NAME		
ADDRESS		PHONE
CITY	STATE	ZIP

PLEASE FAX COMPLETED FORM TO 916.489.9196

ADMINISTRATIVE OFFICE • 3101 ADAMS ROAD • SACRAMENTO, CA 95864 • 916.489.9194 PHONE • 916.489.9196 FAX

FIELD OFFICE • 1560-C WINTON AVENUE • HAYWARD, CA 94545 • 510.887.4202 PHONE • 510.887.4205 FAX