



PROJECT INFORMATION FORM

DMI JOB NUMBER

58 Klema Drive North • Reynoldsburg, OH 43068 • Phone: 740-927-3633 • Toll Free: 800-828-1510 • Fax: 740-927-3319

PRODUCTION OF SHOP DRAWINGS OR YOUR ORDER WILL NOT BEGIN UNTIL THIS FORM IS COMPLETED IN FULL
UPON COMPLETION OF THIS FORM, PLEASE SIGN, AND RETURN VIA MAIL, EMAIL (projects@dmimetals.com), OR FAX (740-927-3319)

PROJECT		
PROJECT NAME		
ADDRESS		
CITY	STATE	ZIP
COUNTY		
DMI QUOTE NUMBER	DODGE NUMBER	

INSTALLER	
INSTALLER NAME	
ADDRESS	
CITY	STATE ZIP
INSTALLER PHONE	INSTALLER FAX
INSTALLER EMAIL	

GENERAL CONTRACTOR	
GENERAL CONTRACTOR NAME	
PROJECT MANAGER	
ADDRESS	
CITY	STATE ZIP
GENERAL CONTRACTOR PHONE	GENERAL CONTRACTOR FAX

ARCHITECT	
ARCHITECT NAME	
ADDRESS	
CITY	STATE ZIP
ARCHITECT PHONE	ARCHITECT FAX

OWNER	
OWNER OF PROPERTY	
ADDRESS	
CITY	STATE ZIP

BONDING	
BONDING AGENCY (IF APPLICABLE)	BONDING NUMBER
ADDRESS	
CITY	STATE ZIP

ROOF PANELS		WIDTH	CURVED	TAPERED	CC	STIFFENERS
<input type="checkbox"/>	SL25					
<input type="checkbox"/>	SL20					
<input type="checkbox"/>	TL25		<input type="checkbox"/>			
<input type="checkbox"/>	IL20					
<input type="checkbox"/>	DL25					
<input type="checkbox"/>	DL20		<input type="checkbox"/>			
<input type="checkbox"/>	DL15		<input type="checkbox"/>			
<input type="checkbox"/>	SS15		<input type="checkbox"/>			
<input type="checkbox"/>	SS10		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	BS15			<input type="checkbox"/>		
<input type="checkbox"/>	NS15					
<input type="checkbox"/>	NS10					
WALL PANELS		WIDTH	STIFFENERS			
<input type="checkbox"/>	HWP					
<input type="checkbox"/>	WP RP					
<input type="checkbox"/>	WP 72					
<input type="checkbox"/>	FP15 11					
<input type="checkbox"/>	FR15 11					
<input type="checkbox"/>	FP10					
<input type="checkbox"/>	FR10 12					
SOFFIT PANELS		VENTING	STIFFENERS / PERFORATIONS			
<input type="checkbox"/>	VS05 12	<input type="checkbox"/>				
<input type="checkbox"/>	FP10	<input type="checkbox"/>				
OTHER PANELS						

OTHER INFORMATION	
WHO IS PURCHASING:	_____
TAX EXEMPT:	EXEMPT NUMBER: _____
DMI SUPPLIED GUTTER:	_____
ROOF WARRANTY:	_____
WALL WARRANTY:	_____
PAINT FINISH WARRANTY:	_____
GALVALUME WARRANTY:	_____
ENGINEERING REPORT:	_____
GA. / THICKNESS:	MATERIAL: _____
COLOR:	_____
EMBOSSSED:	_____
ROOFING SUBSTRATE:	_____
OTHER:	_____
SIGNATURE BELOW IS VERIFICATION THAT ALL INFORMATION ON THIS FORM IS TRUE AND ACCURATE FOR USE IN ISSUING NOTICE OF FURNISHING AND NOTICE OF COMMENCEMENT AS REQUIRED BY OHIO STATE LAW OR IF NECESSARY TO FILE PROPERTY LIENS TO SECURE PAYMENT OF MATERIAL OR LABOR.	
SIGNED	DATE
PRINT / TYPED NAME	
COMPANY	

ALL PANELS REQUIRED FOR THIS PROJECT