



# 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 email (projects@dmimetals.com)

INSTALLER	PROJECT
Installer Name _____	Project Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Installer Phone _____ Installer Email _____	County _____ Quote Number _____
GENERAL CONTRACTOR	ROOF
General Contractor Name _____	Width Ga. Material Color Stiffeners
Address _____	_____
City _____ State _____ Zip _____	_____
General Contractor Phone _____ General Contractor Email _____	_____
ARCHITECT	WALL
Architect Name _____	Miters Ga. Material Color Stiffeners
Address _____	Flush Series
City _____ State _____ Zip _____	<input type="checkbox"/> _____
Architect Phone _____ Architect Email _____	<input type="checkbox"/> _____
OWNER	WALL
Owner of Property _____	HWP Series
Address _____	<input type="checkbox"/> _____
City _____ State _____ Zip _____	<input type="checkbox"/> _____
Architect Phone _____ Architect Email _____	<input type="checkbox"/> _____
GC BONDING INFO	WALL
Bonding Agency (If Applicable) _____ Bonding Number _____	Exposed fastener
Address _____	<input type="checkbox"/> _____
City _____ State _____ Zip _____	<input type="checkbox"/> _____
OTHER INFORMATION	WALL
Purchaser: _____	Flat Lock
Tax Exempt Number: _____	<input type="checkbox"/> Flat Lock _____ Coverage Size _____
Roof Warranty: _____ Wall Warranty: _____	<input type="checkbox"/> Flat Lock _____ Coverage Size _____
Paint Warranty: _____ Galvalume Warranty: _____	SOFFIT
Wind Speed Warranty (requires engineering): _____	Vented Ga. Material Color Stiffeners
Engineering: _____	<input type="checkbox"/> _____
Roof Substrate: _____	<input type="checkbox"/> _____
Wall Substrate: _____	<input type="checkbox"/> _____
Notes: _____	GUTTER
	Size Ga. Material Color Flange Under Bracket
	<input type="checkbox"/> DMI CG _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
	ES-1 EDGE METAL
	Ga. Material Detail
	<input type="checkbox"/> Coping _____ <input type="checkbox"/> SEE DYNACLAD EDGE ORDER FORM
	<input type="checkbox"/> Fascia _____ <input type="checkbox"/> SEE DYNACLAD EDGE ORDER FORM
	<input type="checkbox"/> Gravel Stop _____ <input type="checkbox"/> SEE DYNACLAD EDGE ORDER FORM
	<input type="checkbox"/> Drip Edge _____ <input type="checkbox"/> SEE DYNACLAD EDGE ORDER FORM
	<input type="checkbox"/> Custom _____ <input type="checkbox"/> SEE DYNACLAD EDGE ORDER FORM
	SYSTEM ACCESSORIES
	<input type="checkbox"/> S-5! Snow Guard _____
	<input type="checkbox"/> Underlayment: _____
	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 _____