



Codale Electric Supply, Inc.
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PROJECT INFORMATION SHEET

As of 5/1/05 for notification purposes and per state law, we MUST have the permit number and email addresses for Customer, General Contractor, and Job Owner.

Date: _____

Job Name: _____

Parcel/SCR Number: _____

Address: _____

City, State & Zip: _____

Description of Material Required: _____

Value of Material: _____ Type of job (federal, public, private etc.): _____

Date of first shipment: _____ Is Job Tax Exempt? Y / N (If yes, please send exemption form.)

Customer Name: _____

Customer Email: _____

Address: _____

City, State & Zip: _____

Telephone Number: _____ Fax Number: _____

Customer's Bonding Company: _____

Address: _____

City, State & Zip: _____

Telephone Number: _____ Fax Number: _____

Bond Number: _____ Bond Amount: _____

General Contractor Name: _____

General Contractor's Email: _____

Address: _____

City, State & Zip: _____

Telephone Number: _____ Fax Number: _____

General's Bonding Company: _____

Address: _____

City, State & Zip: _____

Telephone Number: _____ Fax Number: _____

Bond Number: _____ Bond Amount: _____

Job Owner's Name: _____

Job Owner's Email: _____

Address: _____

City, State & Zip: _____

Telephone Number: _____ Fax Number: _____