



Exhibit "G"

PROJECT CONTACT FORM

Please return this form with your contract

Company Name: _____ Project: _____

ESTIMATING

Contact: _____
Office #: _____
Mobile #: _____
Fax #: _____
Email: _____

PROJECT MANAGER

Contact: _____
Office #: _____
Mobile #: _____
Fax #: _____
Email: _____

FIELD SUPERINTENDENT

Contact: _____
Office #: _____
Mobile #: _____
Fax #: _____
Email: _____

ACCOUNTING

Contact: _____
Office #: _____
Mobile #: _____
Fax #: _____
Email: _____

OWNER / PRESIDENT

Contact: _____
Office #: _____
Mobile #: _____
Fax #: _____
Email: _____

Signature of person completing form:

Print Name & Title

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_____ SUBCONTRACTOR INITIALS

_____ CONTRACTOR INITIALS