

**STANDARD PRECAST, INC.**

P.O. BOX 61839  
JACKSONVILLE, FL 32236-1839  
(904) 268-0466  
FAX (904) 268-4403

1<sup>ST</sup> REQUEST:  
2<sup>ND</sup> REQUEST:  
3<sup>RD</sup> REQUEST:  
4<sup>TH</sup> REQUEST:

**\* \* We must have the information on the job listed below, BEFORE we can release this job for production. \* \***

TO:  
FAX:  
SPI JOB NAME:  
SPI JOB #

PLEASE PROVIDE A COPY OF THE NOTICE OF COMMENCEMENT, AND/OR A COPY OF THE BOND FOR THIS PROJECT. IF IT IS NOT AVAILABLE, PLEASE FILL OUT THE FORM BELOW. PLEASE FAX BACK OWNER INFORMATION WITHIN **2-3 BUSINESS DAYS** OR YOU CAN E-MAIL THE INFO TO LOU ELLEN AT louellen@standardprecast.com

JOB NAME: \_\_\_\_\_  
PHYSICAL ADDRESS: \_\_\_\_\_  
LEGAL DESCRIPTION: \_\_\_\_\_  
SECTION: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_ RANGE: \_\_\_\_\_

COUNTY: \_\_\_\_\_

OWNER NAME & ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

GENERAL CONTR NAME & ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

\* IS THE G.C BONDED? \_\_\_\_\_ BOND # \_\_\_\_\_ NEED COPY OF BOND!  
IF YES NAME & ADDRESS OF SURETY \_\_\_\_\_

SUB-CONTRACTOR NAME & ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

\* DOES THE SUB HAVE A BOND: YES OR NO, IF YES PLEASE PROVIDE THE FOLLOWING – NEED COPY  
BOND NUMBER \_\_\_\_\_  
NAME/ADDRESS OF BONDING/SURETY \_\_\_\_\_  
(NOT AGENT) \_\_\_\_\_

**BONDING INFORMATION MUST BE RECEIVED IN ORDER TO PROCEED**

\_\_\_\_\_  
Signature of person filling out form

\_\_\_\_\_  
Please Print Name Here

The above mentioned hereby represents that the information provided on this sheet is correct and understands that Standard Precast, Inc. intends to use this information according to the Florida Lien Law or Bond Law whichever is applicable.