



WESTERN WOOD STRUCTURES, INC.

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FAX TRANSMITTAL

To:	Fax No.
From:	WWS Job No.

PRELIMINARY NOTICE INFORMATION SHEET

THANK YOU FOR YOUR ORDER!! So that we process your order correctly, we require all applicable information requested on this form. To eliminate unnecessary delays in processing your order, please have complete names and addresses available. Please complete and fax back at your earliest convenience. Thank you for your cooperation.

CUSTOMER INFORMATION
NAME
ADDRESS
CITY STATE ZIP

OWNER OF PROPERTY
NAME
ADDRESS
CITY STATE ZIP

GENERAL CONTRACTOR
NAME
ADDRESS
CITY STATE ZIP

JOBSITE INFORMATION
JOB NAME
ADDRESS
CITY STATE ZIP

STATE RESALE # (If applicable)

LEGAL DESCRIPTION (If available)