

PROJECT INFORMATION SHEET

Contact info

LAST NAME, FIRST NAME	CITY
ADDRESS (JOB)	ZIP
MAIN CROSS STREET	
HOME PHONE	CELL
OFFICE PHONE	FAX
REFERRED BY	EMAIL

Project Type

Commercial <input type="checkbox"/>	Residential <input type="checkbox"/>	Public/Government <input type="checkbox"/>
-------------------------------------	--------------------------------------	--

Total Sq. Ft.

--

Existing substrate/floor

No structural substrate <input type="checkbox"/>	Concrete slab <input type="checkbox"/>	Plywood subfloor <input type="checkbox"/>
Existing cover (tiles, carpet, concrete, VCT..) _____		
Substrate structural condition: excellent <input type="checkbox"/> good <input type="checkbox"/> needs repair <input type="checkbox"/> poor <input type="checkbox"/>		

Wanted Finish - Other specs - PLEASE SELECT ALL THAT APPLIES -

Grind&Polish - High sheen (polished) finish.....	<input type="checkbox"/>	Existing control joints are tooled	<input type="checkbox"/>
Grind&Polish - Low sheen (honed) finish	<input type="checkbox"/>	Existing control joints are saw-cut	<input type="checkbox"/>
Topping Slab - Standard hard trowel finish.....	<input type="checkbox"/>	No control joints	<input type="checkbox"/>
Topping slab - Diamond polished/honed finish	<input type="checkbox"/>	Baseboard is removable	<input type="checkbox"/>
Diamond Polished Cement Topping	<input type="checkbox"/>	Walls are painted	<input type="checkbox"/>
Stain&seal	<input type="checkbox"/>	Walls are stucco	<input type="checkbox"/>
Self-Leveling Cement Topping	<input type="checkbox"/>	Area accessible only through stairs	<input type="checkbox"/>
Outdoor Grind&polish system (with Color Juice)	<input type="checkbox"/>	Project is a new construction	<input type="checkbox"/>
New stamped/decorative outdoor concrete	<input type="checkbox"/>	Existing concrete has integral color	<input type="checkbox"/>
Maintenance / Reseal	<input type="checkbox"/>	Existing concrete is stained	<input type="checkbox"/>
Other (specify in Description box)	<input type="checkbox"/>	Floor has/had moisture damage	<input type="checkbox"/>

Requested Project Completion Date: _____

Project description

--