CONSTRUCTION CLIENT INTAKE INFORMATION FORM

PROPERTY ADDRESS:_____
COUNTY:_____ **PIN #:**_____

Client: Contractor/Subcontractor:_____
Address:_____
Phones #: +1 ( )_____(H) and +1 ( )_____(W)
+1 ( )_____(Fax) and +1 ( )_____(Pg/Cell)
E-Mail:_____
(*IF MORE SPACE IS REQUIRED PLEASE INSERT HERE OR PRINT ON THE BACK)*

Other Parties: _____**(Subcontractor/Contractor/Owner)**
Address:_____
Phones #: +1 ( )_____(H) and +1 ( )_____(W)
+1 ( )_____(Fax) and +1 ( )_____(Pg/Cell)

_____
Address:_____
Phones #: +1 ( )_____(H) and +1 ( )_____(W)
+1 ( )_____(Fax) and +1 ( )_____(Pg/Cell)
(*IF MORE SPACE IS REQUIRED PLEASE INSERT HERE OR PRINT ON THE BACK)*

Contract Date:_____
First Day Worked:_____ **Last Day Worked:**_____
"Home Repair: Know Your Consumer Rights" Pamphlet Provided: _____
Consumer Rights Acknowledgement Form Executed: _____
Original Contract Amount: **$**_____
Extras: **$**_____
Amount(s) Paid to Date: **$**_____
Amounts(s) Received to Date: **$**_____
Mechanic's Lien Date:_____ **Lis Pendens Date:**_____
Waivers:_____

Statement of the Facts (Include Dates of Important Transactions or Events)

(*IF MORE SPACE IS REQUIRED PLEASE CONTINUE ON THE BACK)*