

Project Information Sheet

Please provide all information on this form and return to CowTown Redi Mix, Inc. so that your project will not be interrupted. RETURN TO FAX # 817-759-1716

Customer: (Contracting with	th CowTown Redi Mix, Inc.)				
Name:					
Address:					
County	City	State:	Zip:	Phone:	
Project:					
Delivery Address:					
County:	City:	State:	Zip:	Phone:	
Project Manager:		Job Site Supervisor:			
Legal Description of Pro	perty being improved (if insufficient	space provided, atta	ch copy of legal de	escription to this form.	
					_
Lot:	Block: Suite:				
Owner or reputed owner	of property being improved.				
Name:					
Address:					
County:	City:	State:	Zip:	Phone:	
Original Contractor or re	puted Contractor (Contractor who h	as direct contractual	relationship with o	owner):	
Address:					
County:	City:	State:	Zip:	Phone:	
Bonding Company (attac	h a copy of the bond if the project is	s bonded):			
Address:					
County:	City:	State:	Zip:	Phone:	