

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)