



Air Control Products, Inc.

Please advise COMPLETE name & address for ALL of the following: 1.)
 Job Name 2.)
 General Contractor 3.)
 Owner 4.) Co
 your Contract is with Thank You - Janet

For your protection, and ours, and pursuant to Ohio Revised Code, we are required to file a Notice of Commencement and Furnishing on the referenced job below. Please complete fully the information requested on this form and return ASAP to Air Control Products, Inc. (440-526-0503) so that we may proceed with releasing material for this project.

Customer _____ Date _____
 Address _____
 City _____ State _____ Zip _____
 Contact _____ Phone _____ Fax _____
 P.O. # _____ Amt _____

JOBSITE NAME & ADDRESS

COMPANY YOU HAVE CONTRACT WITH

 Telephone: _____
 Fax : _____

 Telephone: _____
 Fax: _____

GENERAL CONTRACTOR & ADDRESS

OWNER & ADDRESS

 Telephone: _____
 Fax: _____

 Phone: _____
 Fax: _____

When do you need to receive our invoice to include in your monthly billing?
 Will a waiver of lien be required?
 Is there a liquidation damage clause?
IS PROJECT TAX EXEMPT? If yes, please return project tax exemption certificate with this form.

Orders are on HOLD pending receipt of this completed form