DATE:	
FROM: R&B COMPANY	TO:
FAX: 408-288-5045	FAX:
PHONE: 408-436-1699	PHONE:
REQUEST FOR PRELIMINARY NOTICE INFORMATION	
the following information is required on your job will be filed other than for non-payment. Please c	omplete the information below and FAX it back to the call me at 408-436-1699 PLEASE COMPLETE ALL
CUSTOMER JOB # & JOB NAME	
TRACT OR PROJECT NUMBER	
STREET ADDRESS	
CITY & STATE	
E-MAIL ADDRESS FOR JOB CONTACT	
OWNER NAME	
MAILING ADDRESS	
CITY, STATE & ZIP	
PHONE NUMBER	
FAX NUMBER	
E-MAIL ADDRESS FOR JOB CONTACT	<del>_</del>
DIRECT CONTRACTOR	
MAILING ADDRESS	
CITY, STATE & ZIP	
PHONE NUMBER	
FAX NUMBER	
E-MAIL ADDRESS FOR JOB CONTACT	
SUB-CONTRACTOR	
MAILING ADDRESS	
CITY, STATE & ZIP	
PHONE NUMBER	
FAX NUMBER	
E-MAIL ADDRESS FOR JOB CONTACT	<del></del>
LENDER OR BONDING CO.	
BOND NUMBER	
MAILING ADDRESS	
CITY, STATE & ZIP	
PHONE NUMBER	

THANK YOU – A/R DEPARTMENT RETURN VIA FAX TO 408-288-5045

FAX NUMBER