

Plans and Specs Order Form

Project Name:			
Plan Deposit:			
Requestor Infor	mation (Check one):		
Contractor	Sub-Contractor	Supplier/Mfr.	Plan Roon
Contact Name: _			
Company:			
Address (No PO	Box):		
City, State Zip: _			
Phone:			
Email:			
License # (if app	licable):		
Choose one or n	nore of the following:		
Printed set maile	ed (via UPS)	Digital set (via skysite.com)	
Make check pay	able to:		
GMC 1906 East Three	Notch Street		
Andalusia, AL 36	421		
Additional comr	nents or requests:		