

Project Name:			
Plan Deposit:			
Bid Opening:			
GMC Project No.:			
Requestor Information (check one):			
Contractor	Sub-Contractor	Supplier/Mfr.	Plan Room
Contact Name:			
Company:			
Address (No PO Box	):		
City, State Zip:			
Phone:			
Email:			
License # (if applica	ble):		
Choose one or more	of the following:		
Printed set mailed (v	ia UPS)	Digital set (via skysite.com)	
Make check payable GMC	e to:		
2400 5 <sup>th</sup> Avenue Sou Birmingham, AL 3523			
Additional commentrequests:	ts or		
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\*Return completed form with a scanned copy of plan deposit check to

clara.posala@gmcnetwork.com