

| 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 applicable): | | | |
| Choose one or more | of the following: | | |
| Printed set mailed (via UPS) | | Digital set (via skysite.com) | |
| Make check payable GMC | to: | | |
| 2400 5 th Avenue Sout | h, Suite 200 | | |
| Birmingham, AL 3523 | | | |
| Additional comment | sor | | |
| requests: | | | |
| | | | |
| | | | |

*Return completed form with a scanned copy of plan deposit check to