

LINTEL INFORMATION REQUEST FORM

DATE: _____ Bid Date: _____ State Stamp required Yes / No

Customer Name: _____ Contact: _____

Address: _____ City, State, Zip _____

Customer Phone: _____ Customer Fax: _____

Project Name: _____ Project Location: _____

Architect Name: _____ Contact: _____

Architect Address: _____ City, State, Zip _____

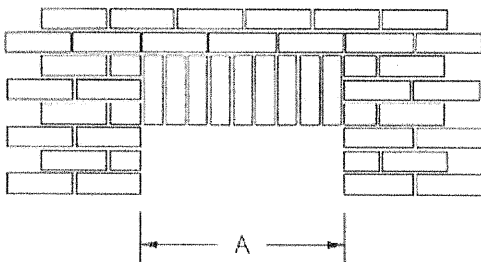
Architect Phone: _____ Architect Fax: _____

Structural Engineer: _____ Contact: _____

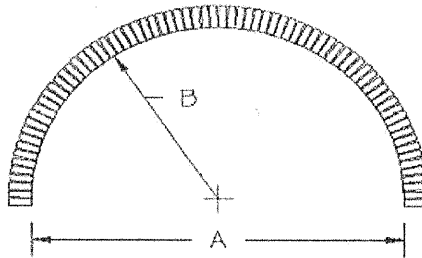
Engineer Phone: _____ Engineer Fax: _____

PLEASE PROVIDE THE INFORMATION BELOW. ALL ITEMS ARE REQUIRED FOR AN ACCURATE QUOTE!!

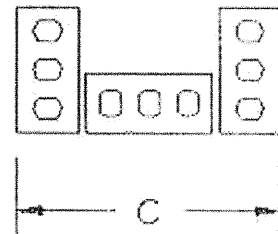
EXAMPLE LINTEL CONDITIONS



FLAT ARCH MASONRY OPENING
ELEVATION VIEW



ARCHED MASONRY OPENING
ELEVATION VIEW



ARCHITECTURAL SECTION

<u>QTY</u>	<u>A (SPAN)</u>	<u>B (RADIUS/RISE)</u>	<u>C (SOFFIT DEPTH)</u>	<u>D (GALV OR S/S)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____