

APPROVED BY _____
OFFICE USE ONLY



WORK ORDER# _____
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<p>1 Mall Information Requested Job Date: ____ / ____ / ____ (Please fill in <u>ALL</u> sections completely. We will call you to confirm receipt & verify information.)</p> <p>Mall Name: _____ Developer: _____ Address: _____ City: _____ County: _____ State: _____ Zip: _____ Mall Contact: _____ Contact Title: _____ Mall Contact Phone#: _____ Contact E-mail: _____</p>	<p>2 Barricade Location</p> <p>Space #: _____ Floor Level: _____ Current Store Name: _____ Incoming Store Name: _____</p> <p>3 Mall Security Clearance</p> <p>Authorized By: _____ Emergency Contact: _____ Security Phone#: _____ Night Phone#: _____</p>
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4 Billing Information Bill To: Mall Contractor Tenant

Bill To: _____ Contact Name: _____
Address: _____ Phone#: _____
City: _____ Fax#: _____
State: _____ Zip: _____ E-mail: _____

***** **WORK DESCRIPTION** (Check Desired Service Items) *****

<p>5</p> <p><input type="checkbox"/> Put Up</p> <p>Length: _____ Height: _____ (*Standard Height is 11' 10")</p> <p>Bump Out Distance*: _____ (*Distance from Neutral Piers)</p> <p>* IMPORTANT: * Does the store front "Project-Out" beyond the Neutral Piers? <input type="checkbox"/> NO <input type="checkbox"/> YES - How far? _____</p> <p>Doors <input type="checkbox"/> Single Door (36"x80" with lockset) <input type="checkbox"/> Double Doors (Swing Panels/No Exterior Handle) Door Location: _____</p>	<p>6 Job Site Contact</p> <p>Name: _____ Phone#: _____</p> <p>7 Graphics (Check punctuation & spelling)</p> <p><input type="checkbox"/> Standard Graphics Package <input type="checkbox"/> Incoming Store Name: _____</p> <p><input type="checkbox"/> Custom Graphics (Describe below) _____</p> <p>Additional Instructions: _____ _____ _____</p>
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<p>8 Protection</p> <p><input type="checkbox"/> Dust Cover <input type="checkbox"/> Hard Lid <input type="checkbox"/> Floor Protection</p>	<p>Diagram Barricade as Needed: (OR please send us the drawings, photos,... by e-mail or fax.)</p>
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<p>9 <input type="checkbox"/> Take Down</p> <p>Length: _____</p>	<p>10 <input type="checkbox"/> Move Out / In Existing Barricade</p> <p><input type="checkbox"/> Replace Protection (Check box in section 8 as needed)</p> <p>Add or Subtract (Circle one) _____ Ft. for a Total Bump Out of _____ Ft.</p>	<p>11 <input type="checkbox"/> Service Call</p> <p>_____</p>
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