

# Prospective Client General Information Form

**General Information:**

Client Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Name & Address (if applicable): \_\_\_\_\_

Where did you learn of Dunbar Construction, LLC: \_\_\_\_\_

**Project Information:**

Project Address: \_\_\_\_\_

Directions to Project (from Longwood, FL): \_\_\_\_\_

\_\_\_\_\_

County or City having Jurisdiction and Phone No.: \_\_\_\_\_

Scope of Project: \_\_\_\_\_

\_\_\_\_\_

Estimated Project Budget: \_\_\_\_\_ Time Frame: \_\_\_\_\_

How will Project be Financed: \_\_\_\_\_ If Financed, are you Pre-Qualified: Y or N

Is an Architectural or Engineering Involved with Project: Y or N Have you Applied for Permit: Y or N

Proposed Building S.F.: \_\_\_\_\_ Property S.F.: \_\_\_\_\_ Do you Own this Property: Y or N

Are you under any Obligation or Contract with Another General Contractor? Y or N (if yes, explain)

\_\_\_\_\_

Preferred Initial Meeting Time: \_\_\_\_\_

Other Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**When completed, please return this form to Dunbar Construction at fax number (407) 834-1895.**