

FAX REQUEST FOR PRELIMINARY NOTICE



To: **CNS, Inc.** Date: _____
 FAX: (858) 693-0276 www.cnslien.com
 PHONE: (800) 366-5660 I want to use CNS website, please contact me!

From: Your Name: _____ CNS Customer Account #: _____
 Your Company Name: _____
 Phone #: _____ Fax #: _____

Moved? New Address: _____

Total Number of Requests Faxed: _____ Total Number of Pages: _____

You must allow at least five working days after date of receipt for Preliminary Notice preparation. (Please fill in #1-7). CNS will research for lender, owner and contractor. However, if you have any of this information, please write it in. CNS will verify and document.

EXPRESS If deadline is less than five working days, requests will be processed in 24 hours for an additional \$25.00.

PLEASE PRINT "Joint Check Requested" on Prelim.

1. Your Customer
 Address _____
 City _____ State _____
2. Relationship to your customer: DIRECT SUB SUPPLIER
3. Phone # () _____
 Contact Name _____
 Fax # () _____
 Email _____
4. Job Name or Number _____
 Job Site Address _____
 City _____ State _____
5. Type of Material and/or Labor Furnished _____

6. Estimated Dollar Amount \$ _____
7. First Day on Job _____

Lender () _____

 Owner () _____

 Direct Contractor () _____
 Email _____

