

**PROJECT INFORMATION** \* Required information

Project name\*: \_\_\_\_\_ Invoice(s) #: \_\_\_\_\_

Project address\*: \_\_\_\_\_ Project city\*: \_\_\_\_\_ Project state\*: \_\_\_\_\_

Project type\* (school, office, hospital, etc.): \_\_\_\_\_ Start date: \_\_\_\_\_ Completion date\* \_\_\_\_\_

Project is\*:            New construction \_\_\_\_\_      Retrofit / Remodel / Facelift \_\_\_\_\_

Petersen product 1 installed\*: \_\_\_\_\_ Sq. ft. \*: \_\_\_\_\_ Color\*: \_\_\_\_\_ Gauge: \_\_\_\_\_ Width: \_\_\_\_\_

Ribs / Striations?: \_\_\_\_\_ Curved (y/n): \_\_\_\_\_ Perforated (y/n): \_\_\_\_\_ LEED (y/n): \_\_\_\_\_ Other: \_\_\_\_\_

Petersen product 2 installed: \_\_\_\_\_ Sq. ft.: \_\_\_\_\_ Color: \_\_\_\_\_ Gauge: \_\_\_\_\_ Width: \_\_\_\_\_

Ribs / Striations?: \_\_\_\_\_ Curved (y/n): \_\_\_\_\_ Perforated (y/n): \_\_\_\_\_ LEED (y/n): \_\_\_\_\_ Other: \_\_\_\_\_

Petersen product 3 installed: \_\_\_\_\_ Sq. ft.: \_\_\_\_\_ Color: \_\_\_\_\_ Gauge: \_\_\_\_\_ Width: \_\_\_\_\_

Ribs / Striations?: \_\_\_\_\_ Curved (y/n): \_\_\_\_\_ Perforated (y/n): \_\_\_\_\_ LEED (y/n): \_\_\_\_\_ Other: \_\_\_\_\_

Alternative materials and/or manufacturers considered: \_\_\_\_\_

Reason(s) for selecting Petersen products: \_\_\_\_\_

Project insight (noteworthy challenges, best features, interesting stories / incidents, etc.): \_\_\_\_\_

**PHOTOS**

Photos are required to be considered for publication. Photos taken on smartphones are acceptable. Please send photos when submitting this form, or as soon as they are available.

**CONTACT INFORMATION**

**Submitted by\***: \_\_\_\_\_ City, State: \_\_\_\_\_

Company: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

**Installing contractor\***: \_\_\_\_\_ City, State: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

**Architecture firm\***: \_\_\_\_\_ City, State: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

**Distributor\***: \_\_\_\_\_ City, State: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

**General contractor\***: \_\_\_\_\_ City, State: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone/Email: \_\_\_\_\_