



Hurricane Shutters Order Form

*Reminder: Please provide a sketch with plan view, side views, heights, etc.
 If available, provide a CAD drawing to speed up the completion of your project.*

CONTRACTOR

Company _____ License # _____
 Contact Person _____ Email _____
 Office Phone _____ Cell _____ Fax _____ PO # _____
 Mailing Address _____ City _____ State _____ Zip _____

ADDRESS

Property Owner Name _____ Phone _____
 Job Address _____ City _____
 Zip _____ County _____ Permit Agency _____

PROJECT INFORMATION

CHECK ALL THAT APPLY Residential Commercial *Wind Speed _____ *Exp _____ *LE Eng. determines official wind zone

Hurricane Shutter/Screen FL # _____ Miami Dade NOA # _____
 Dimensions _____ x _____
 Site-Specific Engineering Required for:
 Exceeding product approval mandated span
 Special connection not per product approval
 Other (please specify in special instructions below)

HOST INFO

HOST INFORMATION

Attached to: Existing Block Wall
 Existing Wood
 Existing Concrete _____ PSI
 Metal Post Size _____ Steel Aluminum Existing Proposed

SPECIAL

Special Instructions _____

PLEASE SELECT ONE METHOD OF RETURN

- Mail Electronic Signature Pickup**
Mail AND Electronic Signature (+\$50 fee)

Rush Job
 5 Business Day
 Guarantee. Fee based
 on specific project.