



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 _____ *FL 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 (+\$25 fee)

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