



**Glass Jobsite Information Form**

<b>Office Use Only</b>
Glass Company _____
Scheduled Delivery Date _____
Work Order # _____

Please fill out this form for all glass deliveries. It is required to order the glass correctly and have it deliver in the most efficient manner to the correct location.

Customer: \_\_\_\_\_

Project Name: \_\_\_\_\_

Customer Contact Name and Phone# \_\_\_\_\_

Delivery Contact Name and Phone# \_\_\_\_\_

Complete Delivery Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please Deliver the Glass	Loose	Crated/Boxed	Racked
There is offloading equipment on site		Yes	No
There are delivery height restriction on site		Yes	No
Special Instructions Regarding Offloading _____			
_____			

The glass dimensions were provided using Nxtwall’s Glass Measuring Guide	Yes	No
The glass dimensions are exact, order as provided	Yes	No
The glass dimensions are not exact, I will call Nxtwall to discuss	Yes	No
Additions Comments/Question/Instructions _____		
_____		
_____		
_____		