

# PROJECT HIGHLIGHT REQUEST



## Project Information \*Required information

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

Project Address\*: \_\_\_\_\_ Project City\*: \_\_\_\_\_ Project State\*: \_\_\_\_\_ Project ZIP Code\*: \_\_\_\_\_

Project Type\* (school, office, hospital, etc.): \_\_\_\_\_ Start Date: \_\_\_\_\_ Completion Date\*: \_\_\_\_\_

Project Is\*:      New Construction      Retrofit/Remodel/Facelift

Drexel Metals Product 1 installed\*: \_\_\_\_\_ Sq. ft.\*: \_\_\_\_\_ Color\*: \_\_\_\_\_ Gauge: \_\_\_\_\_ Width: \_\_\_\_\_

Ribs/Striations: \_\_\_\_\_ Curved:    Yes    No    Perforated:    Yes    No    Other: \_\_\_\_\_

Drexel Metals Product 2 installed\*: \_\_\_\_\_ Sq. ft.\*: \_\_\_\_\_ Color\*: \_\_\_\_\_ Gauge: \_\_\_\_\_ Width: \_\_\_\_\_

Ribs/Striations: \_\_\_\_\_ Curved:    Yes    No    Perforated:    Yes    No    Other: \_\_\_\_\_

Drexel Metals Product 3 installed\*: \_\_\_\_\_ Sq. ft.\*: \_\_\_\_\_ Color\*: \_\_\_\_\_ Gauge: \_\_\_\_\_ Width: \_\_\_\_\_

Ribs/Striation: \_\_\_\_\_ Curved:    Yes    No    Perforated:    Yes    No    Other: \_\_\_\_\_

CCM product(s) installed (WIP, ISO, TPO, EPDM, etc.): \_\_\_\_\_

Reason(s) for Selecting Drexel Metals Products: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

## Photos

Preliminary photos are required to be considered. Photos taken on smartphones are acceptable. Submit photos with this form.

\_\_\_\_\_

## 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: \_\_\_\_\_

Please return to Ian Reid • [ian.reid@carlisleccm.com](mailto:ian.reid@carlisleccm.com)

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