

STANDARD CONCRETE PRODUCTS

CUSTOMER MIX DESIGN REQUEST FORM

Fax Number: (909) 628-9340

Date: _____

Please fax a copy of the project specifications along with this completed form. If you have any questions or need any additional information when filling out this form, please contact the Technical Service Department at (909) 628-8550.

PROJECT INFORMATION

Customer No. _____ Quote No. _____ Job No. _____ Total Yards in Job _____ Job Start Date _____

PROJECT NAME: _____

PROJECT ADDRESS: _____

GENERAL CONTRACTOR: _____

SUB-CONTRACTOR: _____

TYPE OF WORK: Curb & Gutter Tilt-Up Flatwork Masonry Exposed Agg.

JURISDICTION: Public Works Cal Trans City Specs E.M.W.D. Flood Control

MIX SPECIFICATIONS

MIX NO. _____ SACK _____ PSI _____ W/C RATIO _____ SLUMP _____ AGG SIZE _____ USE _____

Cement Type: _____ Special Admix: _____ Air %: _____ Color _____ Regular Fibers Mini-Fibers

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CUSTOMER INFORMATION

Individual Filling Out Form _____

Address: _____

Company _____

Fax No.: _____

Phone No.: _____

METHOD OF DELIVERY: Fax Mail