



DEANGELIS DIAMOND
CONSTRUCTION

Date: _____

Company Name: _____

Scope of Work: _____

Address: _____

Company Representative: _____

Phone: _____ Fax: _____

Cell: _____ Email: _____

Please check one of the following:

- | | |
|---|---|
| <input type="checkbox"/> Small Jobs Only | <input type="checkbox"/> All Work – Commercial, Residential |
| <input type="checkbox"/> Single Family Only | <input type="checkbox"/> Commercial Work Only |

Other: _____

Regions in which work is performed: (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Northeast Florida | <input type="checkbox"/> Southeast Florida |
| <input type="checkbox"/> Northwest Florida | <input type="checkbox"/> Southwest Florida |
| <input type="checkbox"/> Florida Panhandle | <input type="checkbox"/> Central Florida |

Other: _____