

SONAG READY MIX 1202 FORM
 FAX: 262.252.9902



HOME OWNER INFORMATION (PROJECT LOCATION)		
Last Name:	First:	Date:
Street Address:	City:	Zip:
Phone:	Email:	
Date of Pour:	Type of Project: Decorative or Traditional	
Size of Project (Cubic Yards)	Type of Work Performed (Driveway/Patio/Walks)	
Description of problem:		

CONTRACTOR INFORMATION	
Company Name:	Contact:
Phone:	Fax:
Concrete Mix Poured:	Reinforcement Used:

ADDITIONAL INFORMATION		
Have you contacted the contractor:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has the contractor seen the project:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Did you sign a contract:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was a cure and seal used on this project:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was a concrete sealer used on this project:	YES <input type="checkbox"/>	NO <input type="checkbox"/> Type of Concrete Sealer:
Was a deicing product used on this project:	YES <input type="checkbox"/>	NO <input type="checkbox"/> Type of Deicing Product:
Was water added to the concrete load:	YES <input type="checkbox"/>	NO <input type="checkbox"/> Number of gallons added:
Did anything occur during the pour that may have impacted this job (rain, snow, etc.)	YES <input type="checkbox"/>	NO <input type="checkbox"/> Description:
What method was used for snow/ice removal:		

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in this document may result in my complaint being dismissed and used against me in a legal action.	
Signature	Date