

PROJECT INFORMATION

Date _____ Name _____
Job Site Address _____
City _____ State _____ Zip _____
Lot Number _____ Project: Heated Square Footage _____

Builder

Company _____
Address _____
City _____ State _____ Zip _____
Phone _____ Cell _____
Fax _____ Email _____

Architect

Company _____
Address _____
City _____ State _____ Zip _____
Phone _____ Cell _____
Fax _____ Email _____

Designer

Company _____
Address _____
City _____ State _____ Zip _____
Phone _____ Cell _____
Fax _____ Email _____

Sub Contractors

Electrical Contractor _____
Engineer _____
Landscape Designer _____
Plumbing Contractor _____
Tile Contractor _____



DAHL OF SANTA FE
1000 SILER PARK LANE
SANTA FE, NM 87507

505.471.1811



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Appliances

Contact _____ Company _____
Address _____ Zip _____
Phone _____ 2nd Phone _____ Fax _____
Email _____
Notes _____
Selected by owner _____ Selected by Builder _____

Cabinets

Contact _____ Company _____
Address _____ Zip _____
Phone _____ 2nd Phone _____ Fax _____
Email _____
Notes _____
Selected by owner _____ Selected by Builder _____

Carpet

Contact _____ Company _____
Address _____ Zip _____
Phone _____ 2nd Phone _____ Fax _____
Email _____
Notes _____
Selected by owner _____ Selected by Builder _____



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Counter Tops

Contact _____ Company _____
Address _____ Zip _____
Phone _____ 2nd Phone _____ Fax _____
Email _____
Notes _____
Selected by owner _____ Selected by Builder _____

Doors

Contact _____ Company _____
Address _____ Zip _____
Phone _____ 2nd Phone _____ Fax _____
Email _____
Notes _____
Selected by owner _____ Selected by Builder _____

Exterior

Contact _____ Company _____
Address _____ Zip _____
Phone _____ 2nd Phone _____ Fax _____
Email _____
Notes _____
Selected by owner _____ Selected by Builder _____

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Hardware

Contact _____ Company _____
Address _____ Zip _____
Phone _____ 2nd Phone _____ Fax _____
Email _____
Notes _____
Selected by owner _____ Selected by Builder _____

Landscape

Contact _____ Company _____
Address _____ Zip _____
Phone _____ 2nd Phone _____ Fax _____
Email _____
Notes _____
Selected by owner _____ Selected by Builder _____

Lighting

Contact _____ Company _____
Address _____ Zip _____
Phone _____ 2nd Phone _____ Fax _____
Email _____
Notes _____
Selected by owner _____ Selected by Builder _____

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Plaster

Contact _____ Company _____
Address _____ Zip _____
Phone _____ 2nd Phone _____ Fax _____
Email _____
Notes _____
Selected by owner _____ Selected by Builder _____

Plumbing Fixtures

Contact _____ Company _____
Address _____ Zip _____
Phone _____ 2nd Phone _____ Fax _____
Email _____
Notes _____
Selected by owner _____ Selected by Builder _____

Security

Contact _____ Company _____
Address _____ Zip _____
Phone _____ 2nd Phone _____ Fax _____
Email _____
Notes _____
Selected by owner _____ Selected by Builder _____

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Sound Systems

Contact _____ Company _____
Address _____ Zip _____
Phone _____ 2nd Phone _____ Fax _____
Email _____
Notes _____
Selected by owner _____ Selected by Builder _____

Tile

Contact _____ Company _____
Address _____ Zip _____
Phone _____ 2nd Phone _____ Fax _____
Email _____
Notes _____
Selected by owner _____ Selected by Builder _____

Water Systems

Contact _____ Company _____
Address _____ Zip _____
Phone _____ 2nd Phone _____ Fax _____
Email _____
Notes _____
Selected by owner _____ Selected by Builder _____



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