

Project Name:			
Plan Deposit:			
Requestor Information (check one):			
Contractor	Sub-Contractor	Supplier/Mfr.	Plan Room
Contact Name:			
Company:			
Address (No PO Box):			
City, State Zip:			
Phone:			
Email:			
License # (if applicab	le):		
Choose one or more			
Printed set mailed (via	a UPS)	Digital set (via skysite.com)	
Make check payable	to:		
GMC Attn: Leslie George			
2400 5 th Avenue Sout	h, Suite 200		
Birmingham, AL 35233	3		
Additional comments or requests:			

*Return completed form with a scanned copy of plan deposit check to