



STRUCTURAL MODULARS, INC.

Design • Construct • Live

IMPORTANT CONTACT INFORMATION

LOCAL GOVERNMENT

Planning & Zoning Commission: _____ **Contact Name:** _____

Tax Office: _____ **Contact Name:** _____

_____ **Contact Name:** _____

_____ **Contact Name:** _____

PUBLIC UTILITIES

Water: _____ **Contact Name:** _____

Electric: _____ **Contact Name:** _____

Gas: _____ **Contact Name:** _____

Sewage: _____ **Contact Name:** _____

Trash: _____ **Contact Name:** _____

Cable: _____ **Contact Name:** _____

Phone: _____ **Contact Name:** _____

INSURANCE AGENT

Company Name: _____ **Fax Number:** _____

Contact Name: _____ **Website:** _____

Office Number: _____ **Email Address:** _____

Mobile Number: _____ **Hours of Operation:** _____

FINANCIAL INSTITUTION

Company Name: _____ Fax Number: _____
Contact Name: _____ Website: _____
Office Number: _____ Email Address: _____
Mobile Number: _____ Hours of Operation: _____

BUILDER

Company Name: _____ Fax Number: _____
Contact Name: _____ Website: _____
Office Number: _____ Email Address: _____
Mobile Number: _____ Hours of Operation: _____

GENERAL CONTRACTOR

Company Name: _____ Fax Number: _____
Contact Name: _____ Website: _____
Office Number: _____ Email Address: _____
Mobile Number: _____ Hours of Operation: _____

INTERIOR DESIGNER

Company Name: _____ Fax Number: _____
Contact Name: _____ Website: _____
Office Number: _____ Email Address: _____
Mobile Number: _____ Hours of Operation: _____

INSPECTOR

Company Name: _____ Fax Number: _____
Contact Name: _____ Website: _____
Office Number: _____ Email Address: _____
Mobile Number: _____ Hours of Operation: _____

ADDITIONAL CONTACTS

Company Name: _____ **Fax Number:** _____

Contact Name: _____ **Website:** _____

Office Number: _____ **Email Address:** _____

Mobile Number: _____ **Hours of Operation:** _____

Company Name: _____ **Fax Number:** _____

Contact Name: _____ **Website:** _____

Office Number: _____ **Email Address:** _____

Mobile Number: _____ **Hours of Operation:** _____

Company Name: _____ **Fax Number:** _____

Contact Name: _____ **Website:** _____

Office Number: _____ **Email Address:** _____

Mobile Number: _____ **Hours of Operation:** _____

Company Name: _____ **Fax Number:** _____

Contact Name: _____ **Website:** _____

Office Number: _____ **Email Address:** _____

Mobile Number: _____ **Hours of Operation:** _____

Company Name: _____ **Fax Number:** _____

Contact Name: _____ **Website:** _____

Office Number: _____ **Email Address:** _____

Mobile Number: _____ **Hours of Operation:** _____

ADDITIONAL CONTACTS

Company Name: _____ **Fax Number:** _____

Contact Name: _____ **Website:** _____

Office Number: _____ **Email Address:** _____

Mobile Number: _____ **Hours of Operation:** _____

Company Name: _____ **Fax Number:** _____

Contact Name: _____ **Website:** _____

Office Number: _____ **Email Address:** _____

Mobile Number: _____ **Hours of Operation:** _____

Company Name: _____ **Fax Number:** _____

Contact Name: _____ **Website:** _____

Office Number: _____ **Email Address:** _____

Mobile Number: _____ **Hours of Operation:** _____

Company Name: _____ **Fax Number:** _____

Contact Name: _____ **Website:** _____

Office Number: _____ **Email Address:** _____

Mobile Number: _____ **Hours of Operation:** _____

Company Name: _____ **Fax Number:** _____

Contact Name: _____ **Website:** _____

Office Number: _____ **Email Address:** _____

Mobile Number: _____ **Hours of Operation:** _____