

**Deck Works, LLC.**  
**Decking Request Form**  
**FAX # 713-466-3566**



Contractor: _____	
Job Name: _____	
Job Address: _____	Key Map: _____

New Concrete SQ FT: _____	Old Concrete SQ FT: _____
Raised Walls:        Yes   No	SQ FT of raised walls (if any): _____
Crack repair FT: _____	
Multi Color Effect ðSpeckelsö:        Yes   No	Speckle Selection: _____
	Speckle Selection: _____
	Speckle Selection: _____
Pattern Selection (if any): _____	
Leveling needed:        Yes   No	Specify area: _____
Deck O Seal joints:        Yes   No	Lin FT: _____
Other: _____	

<b>Paint Selection:</b> _____
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Please Fax request form with copy of plan to Deck Works @ 713-466-3566.  
Payment Due within 15 days of completion of job. Lien notice will be sent @ 30 days to homeowner.

X \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Signature of Person Authorizing Purchase Order