

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: _____

Paint Selection: _____

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