



PROJECT SUBMISSION FORM

Contact Information

Submitted by: _____ City, State: _____
Phone: _____ Email: _____
Installation Contractor: _____ City, State: _____
Contact Person: _____ Email: _____
Architecture Firm: _____ City, State: _____
Contact Person: _____ Email: _____
General Contractor: _____ City, State: _____
Contact Person: _____ Email: _____
Distributor: _____ City, State: _____
Contact Person: _____ Email: _____

Project Information

Project Name: _____
Project Type: _____
Project Location: _____
Project Start Date: _____ Completion Date: _____
Project is: New Construction Retrofit/Remodel
CMG Products Installed: _____ Sq. ft.: _____ Color: _____ Gauge: _____
CMG Products Installed: _____ Sq. ft.: _____ Color: _____ Gauge: _____
CMG Products Installed: _____ Sq. ft.: _____ Color: _____ Gauge: _____
Alternative materials/manufacturers considered: _____
Reasons for selecting CMG products: _____
Project Insight: Challenges, Interesting Stories, Best Features: _____

* Please submit photos when submitting this form. Photos will be required to be considered for publication.