



MASON CONTRACTORS ASSOCIATION OF AMERICA AGREEMENT
JOB NOTIFICATION FORM

Please mail and/or fax a copy of this form to the MCAA prior to the commencement of any project that is to be performed under your Mason Contractors' Agreement.

Date: _____

Client/Owner's Name: _____

Client/Owner's Address: _____

Project Location: _____

City: _____ County: _____ State: _____ Zip: _____

Starting Date: _____ Approximate Duration of Project: _____

On this site, will you be the Prime Contractor? _____ Or Subcontractor? _____

If Subcontractor, please provide the name of the Prime Contractor: _____

Approximate number of Laborers to be employed: _____ Approximate number of "Key Men": _____

Description of Work: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Authorized Signature

Printed Name and Title

Mail This Completed Form To:

Mason Contractors Association of America
1481 Merchant Drive
Algonquin, IL 60102

Or Fax To:
224-678-9714