

East Coast Mantels Customer Enquiry Form

First and last name: _____

Project role: _____

Date: _____

Project address: _____

Residential or commercial?: _____

New construction or reno?: _____

How many fireplaces?: _____

Pre-existing fireplace?: _____

Ideal timeframe for completion of fireplace: _____

Other information about this project: _____

How did you hear about us?: _____