



GLASS
systems

PS1 Request Form

Project Owner / Client Details:

Name: _____

Address: _____

Email: _____

Phone: _____

Site Address: _____

Building Consent Number: _____

Legal Description: _____

Architectural Firm: _____

Designers Contact Details: _____

Wind Zone: _____

Occupancy Type: _____

Fixing: Steel / Timber / Concrete

System: _____

Glass Type: _____

Must Attach: Plan View, Elevation View, Fixing Detail / Cross Section

The architectural firm/ builder/ client agrees to pay a fee of \$500 + GST to Glass Systems Ltd should the balustrade system specified on the PS1 supplied by Glass Systems be substituted or the project be awarded to another glass supplier/ Installer.

Signature: _____

Date: _____