



# **NexGen BUILDING SUPPLY**

## **WI WAIVER REQUEST FORM**

Please Check One:  Final  
 Partial

Your Company Name: \_\_\_\_\_

Job Name & Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner: \_\_\_\_\_

County: \_\_\_\_\_

Invoice Numbers Waiver Shall Cover:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Amount of Waiver: \_\_\_\_\_

Total Copies Needed: \_\_\_\_\_

Additional Comments/Requests:

\_\_\_\_\_  
\_\_\_\_\_

**Please fax this request back to: (414) 774-4812 Attn.: Lou  
Or email: [lmanes@gonexgen.com](mailto:lmanes@gonexgen.com)**

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