

Requested By:



Name: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

PO BOX 397  
TROUTDALE, OR 97060  
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EMAIL: DISPATCH@TROUTDALESG.COM

**\*\* Please fill out this form and return via email or fax \*\***

## Mix Design Request Form

Date of Request: \_\_\_\_\_ Est. Yards needed: \_\_\_\_\_

Est. Project Start Date: \_\_\_\_\_ GC: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Area (footings/walls/slabs): \_\_\_\_\_

Mix Design Needed:	3000psi	3500 psi	4000psi	4500psi	1.5sk CDF	7sk   7.5 sk	
	3000 50/50psi	3500 50/50psi	4000 50/50psi	4500 50/50 psi	5000psi	8sk Grout	psi strength for grout
	(circle which mix you need (ok to circle more than one if needed))					(circle one)	

Slump (preferred): \_\_\_\_\_

Air %: \_\_\_\_\_ %

Max. Water Cement Ratio: \_\_\_\_\_ (what do the specs request)

Special additives needed: \_\_\_\_\_ ex. Pozzutec | Fiber | Calcium | Delvo  
(%) (Circle one)

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

NOTE: **PLEASE DO NOT SEND YOUR ENTIRE SPECS OR THE LINK TO YOUR SPECS.** YOU ARE WELCOME TO SEND THE ONLY PAGE THAT HAS THE MIX INFO IN ADDITION TO THIS FORM. I WILL STILL NEED THIS FORM FILLED OUT. \* \* \* \* THANK YOU FOR YOUR ASSISTANCE.