



# MICHAEL B SCHWARTZ

Original Paintings, Drawings, Public Arts

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## REQUEST FOR *MURAL SERVICES*

**Return to: MBSarts@gmail.com**

*MBSArts LLC Service Statement: Providing the finest in Community Arts and Engagement Services, including original murals, paintings, drawings, installations and live arts.*

Once we receive this form we review the project and contact you within 10 business day and provide you a quote for services.

### REQUEST FOR SERVICES MADE BY:

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ORGANIZATION/BUSINESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ Website: \_\_\_\_\_

1) Please briefly describe the goals, significance or ideas for this project:

2) Are you representing an organization/group? \_\_\_Yes \_\_\_No

a) Do you have decision making authority within your organization/group? \_\_\_Yes \_\_\_No

b) Please briefly describe your group:

3) Describe your project idea. What are your goals for the project?

4) At what stage of the development process is your project? Do you have: (check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Project Concept       | <input type="checkbox"/> Project Vision           | <input type="checkbox"/> Project Location |
| <input type="checkbox"/> Community Partners    | <input type="checkbox"/> Neighborhood/HOA Support |   |
| <input type="checkbox"/> Supplies              | <input type="checkbox"/> Start Date               | <input type="checkbox"/> Completion Date  |
| <input type="checkbox"/> Full Funding in Place |   |   |

Please explain your answers as needed.

5) Project Location (address) \_\_\_\_\_

Do you rent or own this location? \_\_\_rent \_\_\_ own

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

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

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ ZipCode \_\_\_\_\_

Cross Streets: \_\_\_\_\_

I am requesting a : Original Mural\_\_\_ Painting \_\_\_ Drawing\_\_\_ Sculpture\_\_\_

Mural Tour \_\_\_ Mini Mural\_\_\_ Mobile Mural \_\_\_

Mural Maintenance/Repairs\_\_\_

Size of Area: \_\_\_\_\_

Indoors \_\_\_Outdoors\_\_\_

Wall Facing: N\_\_S\_\_E\_\_W\_\_

6) Are you requesting an Arts Education/Teaching Artist element to this project? No\_\_\_ Yes\_\_\_

What level of engagement do you envision:

Lecture\_\_\_ Single Workshop \_\_\_ Multiple Workshops\_\_\_ Paint Day\_\_\_

Day of Arts Service\_\_\_ Art in the Workplace \_\_\_

Are you interested in a full Teaching Artist Unit? Curriculum Packages Offered:

Mural Masters™ \_\_\_ Creative Community Builders™ \_\_\_ Jewels of Knowledge™ \_\_\_

7) Who do you anticipate becoming involved with this project? (Example veterans, neighborhood, refugee families, business owners, at risk youth, etc.)

a) How many people?

b) Ages?

c) Languages?

**Additional Information:**

## Payment Methods

\$ \_\_\_ Deposit (\$500.)

\$ \_\_\_ Full Payment

\_\_\_ Payment Plan: \$ \_\_\_ per month for \_\_\_ months.

\_\_\_ Please Invoice Me



Name on Card: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_

1) **Check** send to: "Michael B Schwartz" P.O. Box 545 Tucson, AZ 85702

2) **Online** via Paypal. at [www.MichaelBSchwartz.com](http://www.MichaelBSchwartz.com)

3) **Email** Fill/Return this form as a PDF to: [MBSarts@gmail.com](mailto:MBSarts@gmail.com)

**CREDIT** (Circle): Visa MasterCard AMEX Discover

Card #: \_\_\_\_\_

Code: \_\_\_\_\_ Exp: \_\_\_/\_\_\_ Add 3% to cover processing fee?:  Yes  No

Name if different above: \_\_\_\_\_

Address if different above: \_\_\_\_\_