



ASSESSMENT REQUEST FORM

Request Proposal for: Design or Planning Mtg. Plan Review Building Assessment (ADA, State Standards)
 Funding Type: Public Private

PROPERTY INFORMATION:

| | | | |
|------------------------|-------|-------|----------|
| Building/Property Name | | | |
| Street Address | City | State | Zip Code |
| Contact Person | Phone | Fax | Email |

COMPANY INFORMATION:

| | | | |
|----------------|-------|-------|----------|
| Company Name | | | |
| Street Address | City | State | Zip Code |
| Contact Person | Phone | Fax | Email |

PROPERTY INFORMATION:

| | | | | | |
|---|-----------------------|-----------------------------------|-------------------------------|--|---------------------|
| Total square footage | | Number of floors | Number of buildings | How old is the property? | |
| Type of facility (Office, Retail, Hospital, Apt., etc.) | | Number of parking lots | Is there a parking garage? | Number pkg. elevators | Number of floors |
| Number of elevators | Number of bathrooms | Number of kitchens | If apartment, number of units | | Number of amenities |
| Construction start date | Construction complete | Are you purchasing this building? | | Seeking assessment in response to a complaint? | |

BILLING INFORMATION:

| | | | |
|----------------|-------|-------|----------|
| Company Name | | | |
| Street Address | City | State | Zip Code |
| Attention | Phone | Fax | Email |

NOTES: *(Indicate scope of the assessment, or project needs such as common use areas only, interior/exterior, etc.)*

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Submitted byTitleDate