

FOUNDATIONWORKS

SITE SPECIFIC REQUEST FORM

SALES REP / DISTRIBUTOR _____ END USE CUSTOMER _____

INITIAL COPIES TO BE FAXED TO _____

ORIGINALS TO BE MAILED TO _____

PRIORITY:

OVERNIGHT

TWO-DAY

THIRD BUSINESS DAY

DATE RECEIVED _____

DATE RETURNED _____

HOME INFORMATION

RETROFIT OR NEW SET-UP _____

WIDTH OF HOME (FEET & INCHES) _____

LENGTH OF HOME (W/O HITCH) _____

ON-FRAME OR OFF-FRAME _____

ROOF PITCH _____

SIDEWALL HEIGHT _____

WIND SPEED _____

FROST DEPTH _____

MANUFACTURER _____

MODEL NUMBER _____

SERIAL NUMBER _____

PERIMETER ENCLOSURE TYPE _____

HEIGHTS OF PIERS _____

SITE ADDRESS W / ZIP _____

COMMENTS: _____

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