



# ADA Assistance

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Date: \_\_\_\_\_

## REQUEST FOR SERVICES

<b>Project Information</b>		<input type="checkbox"/> Commercial	<input type="checkbox"/> Multifamily: _____ # units
Project Name:		Start Date:	
Building or Facility Name:		Completion Date:	
Address:	Suite#:	City:	Zip:

<b>Service Requester</b> (I have the authority to request these services.)			
Name:		Company/Firm:	
Address:		City:	State: Zip:
Phone:	Fax:	Email:	

I request the following services be performed concerning the referenced project by ADA Assistance:

- Review
- Inspection
- Facility Survey
- Consultation       On-site
- Fee Estimate

Description:

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Written Report Requested       No Written Report

I agree to pay applicable fees, including travel, for these services according to the fee schedule as posted on the web site within 30 days of invoice. An additional \$30.00 per month fee will accrue and be deemed payable for any unpaid balance beyond 30 days of the date of invoice. I have the authority to ensure payment.

\_\_\_\_\_  
authorized signature

\_\_\_\_\_  
date

\_\_\_\_\_  
printed name