VALLEE SURVEYING

# SURVEY REQUEST FORM

Date: ____/ ____/____

First Name: _____Last Name: _____

Company Name (if applicable): _____

Address:

_____

Street

_____

City State Zip

Phone: (_____ ) _____ Fax: (_____ ) _____

E-mail:_____

Project Name: _____

Project Address (if different than above):

_____

Street

_____

City State Zip

Lot_____ Block _____

Legal Description Needed: ☐ Yes ☐ No

Scope of Work: ☐ Residential ☐ Commercial

Size of Property: ☐ < 1 acre ☐ 1 – 5 acres ☐ 5 – 10 acres ☐ > 10 acres

Corner Markers: ☐ Yes ☐ No
* If corner markers are not needed a signed Corner Marker Waiver form is required.

Purpose for Survey: _____
*For Title Surveys please refer to Title Survey Request Form.

Type of Survey (if known): _____

In the space below please provide any additional information needed and list all documentation that you will be providing to Vallee Surveying (deed of record, maps, ect.):

_____

_____

_____

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