

## ASSESSMENT REQUEST FORM

Request Proposal for: \_\_\_Training \_\_\_Building Assessment (Texas Accessibility Standards)

MATION:									
Street Address			(	City			State	Zip Code	
Contact Person				Fax		EMail			
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treet Address			(	City			State	Zip Code	
ontact Person			Phone Fax			EMail			
MATION:	1								
reet Address			(	iity			State	Zip Code	
ontact Person				Fax		EMail			
MATION:									
Otal Square Footage Number of Flo			oors Number of Buildings			How old is the property?			
Type of Facility (Office, Retail, Hospital, Apt. etc) Num			ing Lots	Is there a Parking Garage?		Number Parking Elevators		Number of Floors	
umber of Elevators Number of Bathrooms			Number of Kitchens If apa			tment, number of units  Number of amenitie			
Date Construction Completion Date A			Are you	e you purchasing this building?  Seeking assess			sment in response to a complaint?		
ATION:									
et Address				City		State		Zip Code	
tention:		Phone		Fax		EMail			
of the assessment,	or project	needs such	as comm	on use areas only, int	erior/exte	rior, etc.)			
				Title				Date	
	MATION:  MATION:  No.  No.  Number of Bat  Construction C	MATION:  MATION:  Number of F  Hospital, Apt. etc) Num  Number of Bathrooms  Construction Completion  ATION:	MATION:  Phone  MATION:  Phone  MATION:  Number of Floors  Hospital, Apt. etc)  Number of Park  Number of Bathrooms  Construction Completion Date  ATION:  Phone	MATION:  Phone  Phone  MATION:  Phone  MATION:  Phone  Number of Floors  Number of Parking Lots  Number of Bathrooms  Number of Bathrooms  Number of State of Parking Lots  Number of Bathrooms  Number of Bathrooms  Number of Parking Lots  Number of Bathrooms  Number of Bathrooms  Number of Parking Lots  Number of Bathrooms  Number of Bathrooms  Number of Bathrooms  Number of Parking Lots	Phone Fax  City  Phone Fax  MATION:  City  Phone Fax  MATION:  Number of Floors Number of Buildings  Hospital, Apt. etc) Number of Parking Lots Is there a Parking  Number of Bathrooms Number of Kitchens  Construction Completion Date Are you purchasing this buildings  ATION:  City  Phone Fax	MATION:    City     Phone   Fax     Fax     Phone   Fax     MATION:    City     Phone   Fax     MATION:    Number of Floors   Number of Buildings     Hospital, Apt. etc)   Number of Parking Lots   Is there a Parking Garage?     Number of Bathrooms   Number of Kitchens   If aparts     Construction Completion Date   Are you purchasing this building?     ATION:    City     Phone   Fax     Fax     Of the assessment, or project needs such as common use areas only, interior/external project needs such as common use areas only, interio	MATION:    City     Phone   Fax   EMail     MATION:     City     Phone   Fax   EMail     MATION:     City     Phone   Fax   EMail     MATION:     Number of Floors   Number of Buildings   How old is the literature of the parking Garage?   Number Parking Number of Bathrooms   Number of Kitchens   If apartment, number of under the literature of literature of the literature of litera	AATION:    City	