



Accessible Texas

# ASSESSMENT REQUEST FORM

Request Proposal for:  Training  Building Assessment (Texas Accessibility 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:

Building/Property 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 Parking 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 Completion Date	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.)


Submitted by

Title

Date