

## ALTA/ACSM Survey Order Form

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Office use:
Job #:
Estimate:
Due date:
Inv. #:

Date Ordered:	D	ue Date:		
Ordered by:	o	f		
<u>Billing Information</u>				
Name:				
Mailing Address:				
City:	State:	Z	ip code:	
Phone:	Email:			
<u>Property Information</u>				
Property Address:				
City:	;	State:	Zip code:	
Tax map/Parcel ID:	Land Lot(	s):		
District: Section:	County:	A	creage:	
Please forward Title Commitmed begin work on the ALTA surve			surveying.com This is required to a PDF is also acceptable.	
	acent properties, holidays, e		as weather, lack of monumentation, ke sure gates are unlocked, pets are	
interest accruing on any unpaid bal All fees and costs incurred, includin	wing: Timely payment of the to ance after thirty (30) days, at th g attorney's fees and costs, sho ) days, I understand that a Clain	tal cost of this some legal rate of ould collection on of Lien will be	survey, to McClure Surveying, Inc.; All 18% per annum or 1-1/2% per month; of this debt become necessary; If the efiled against the subject real property;	
A DEPOSIT, NOT TO EXCEED 50% O	F ESTIMATE PRICE, MAY BE RE	QUIRED BEFOR	E COMMENCEMENT OF WORK.	
Signature:		Da	ited:	
Agent/Attorney Bu	uyer Seller Printed	Name:		