

## **Survey Order Form**

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

Date Ordered:	Due Date: _		
Ordered by:	of		
Billing Information			
Name:			
Mailing Address:			
City:	State:	_ Zip code:	
Phone: Em	ail:		
<u>Property Information</u>			
Property Address:			
City:	State:	Zip code:	
Lot #: Subdivision:		Phase:	
Tax map/Parcel ID:	Land Lot(s):		
District: Section: County	/:	_ Acreage:	
FIRM Map #: Type of Survey:			
Certain situations arise, which may or may not affect the time frame, such as weather, lack of monumentation, availability to access site and adjacent properties, holidays, etc. Please make sure gates are unlocked, pets are put away, tenants are aware of why we are there, etal.			
Should, for whatever reason, this real estate am personally responsible for the following Surveying, Inc.; All interest accruing on any annum or 1-1/2% per month; All fees and of this debt become necessary; If the debt Lien will be filed against the subject real prolinc. for all of the surveying services provide	g: Timely payment of the tota unpaid balance after thirty (3 costs incurred, including attor remains unpaid after sixty (60 operty; I will be billed at the s	I cost of this survey, to McClure 30) days, at the legal rate of 18% per ney's fees and costs, should collection 0) days, I understand that a Claim of	
A DEPOSIT, NOT TO EXCEED 50% OF ESTIMATE	E PRICE, MAY BE REQUIRED BEF	ORE COMMENCEMENT OF WORK.	
Signature:		Dated:	
Agent Buyer Seller Printed Name:			