

APCA Inspection Services

#600, 900 _ 6th Avenue SW, Calgary, AB T2P 3K2 Phone: 403-244-4487 Fax: 403-244-2340 E-Mail: <u>apca@apca.ca</u>



REQUEST FOR PREPARATION OF SPECIFICATIONS

This is to request that APCA prepare SPECIFICATIONS (Section 09900) for the project listed below. It is agreed that a deposit for this specification of \$700.00 (plus GST for a total of \$735.00) will be paid for upon receipt of this invoice. Additional charges (if applicable) will be due prior to release of the written specification report. Costs for a site tour, if required, will be \$300.00 (plus GST for a total of \$315.00) plus required travel expenses outside of Calgary or Edmonton.

Project Information		
Project Name:	Approx. 1st Insp	pection Date:
Location/Address:	Approx. Comple	etion Date:
City, Prov., Postal:		
Project Specifics (issues, criteria, requirer	ents, general comments)	
Project Contact Information		
Project Contact Information Company/Name:	Contact Name:	
	Contact Name: Phone:	
Company/Name:		
Company/Name: Address: City, Prov., Postal: Please provide a credit card number and	Phone: Email: signature to be held on file. The initial deposit	
Company/Name: Address: City, Prov., Postal: Please provide a credit card number and the specifications are complete, the fi	Phone: Email: signature to be held on file. The initial deposite that payment will be processed, and you will re	eceive your documentation. Travel
Company/Name: Address: City, Prov., Postal: Please provide a credit card number and the specifications are complete, the fi	Phone: Email: signature to be held on file. The initial deposit	eceive your documentation. Travel
Company/Name: Address: City, Prov., Postal: Please provide a credit card number and the specifications are complete, the fininvoices, if required, are due within 30 day	Phone: Email: signature to be held on file. The initial deposite that payment will be processed, and you will rest of issue. All outstanding invoices are subjective.	eceive your documentation. Travel
Company/Name: Address: City, Prov., Postal: Please provide a credit card number and the specifications are complete, the fininvoices, if required, are due within 30 day	Phone: Email: signature to be held on file. The initial deposite that payment will be processed, and you will rest of issue. All outstanding invoices are subject (26.8% per annum).	eceive your documentation. Travel ct to a service charge of 2% per month