## **ALESSI**

## info@alessi3a.com Fax: (719) 540-2781

	Company Name:				
	Fax:				
	Email:				
COMMERCIAL	IMPROVEMI	ENT LOCATI	ON CERT	TIFICATE	
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Property Vacant:			2 4057	X	
**Required**		Sel	Select Preferred Method(s)		
Title Commitment (attach a copy or forward)		į	info@alessi3a.com		
**Please notify us of exis	sting Access Rest	rictions (Dogs, Lo	ocked Gates.	Gate Code, et	
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OMMENTS:					

## **Agreement of Surveying Services Terms**

Contact Signature:
Date:
Client/Company:
terms and fees, and do hereby authorize Alessi and Associates. to proceed with the scope of work.
I, (Contact Printed), Being the Authorized agent, have read and hereby agree to the
may have. Please send us this signed and completed sheet with your order.
may have Please send us this signed and completed sheet with your order
please read the Surveying Services Information and Terms Page, and contact us with any questions you
We appreciate the opportunity to work with your company. If this is your first time ordering with us