



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

Company Name: _____
Ordered By: _____
Address: _____
City/State/Zip: _____
Contact Person: _____
Phone: _____
Fax: _____
Email: _____

RESIDENTIAL IMPROVEMENT LOCATION CERTIFICATE

Date: _____ Client/Borrower: _____

Property Address: _____

Legal Description: _____

Title Company: _____

Closing Agent: _____

Phone: _____

Fax: _____

Email: _____

Is Property Vacant: Yes No

DUE DATE: _____

Closing Date: _____

Invoice/ILC Delivery

Fax

Postal

E-mail



****Required****

Select Preferred Method(s)

Title Commitment
(attach a copy or forward)

info@alessi3a.com

*****Please notify us of existing Access Restrictions (Dogs, Locked Gates, Gate Code, etc.)**

COMMENTS: _____

Agreement of Surveying Services Terms

We appreciate the opportunity to work with your company. If this is your first time ordering with us please read the Surveying Services Information and Terms Page, and contact us with any questions you may have. Please send us this signed and completed sheet with your order.

I, (Contact Printed) _____, Being the Authorized agent, have read and hereby agree to the terms and fees, and do hereby authorize Alessi and Associates. to proceed with the scope of work.

Client/Company: _____

Date: _____

Contact Signature: _____