

RADON MITIGATION PROPOSAL REQUEST FORM

**This form is supplemental to your call to order and schedule a quote
At 770-458-6446 & Please Fax this form and *all test reports you have or
can get for us to review to 770-458-6525 & 770-434-7299***

The Proposal Should Be In The Name Of:

Name: _____

Address: _____

Home #: _____ Cell: _____

Office#: _____ Fax: _____

The party to be invoiced unless we are given another name and address.

Property Address: _____

Radon Concentration Reported _____

Name and Telephone numbers for the Property Owner/or Responsible Party for Vacant Property/ or Builder of New Construction/ or Renters of the Property – whoever has custody of the property

Name: _____ Title: _____

Home/Office#: _____ Cell: _____

Please provide your information (if not provided above), other contacts and those that will need results of clearance tests:

Please include name, telephone numbers including cell #s and fax #s, and relationship such as buyers agent, selling agent, builder, buyer, owner, Relocation Co., etc.

Name: _____

Tele#: _____ Cell: _____

Fax: _____

Name: _____

Tele#: _____ Cell: _____

Fax: _____

Direction To Property From Peachtree Industrial & 285:

