



AMERICAN SURVEY & MAPPING, Inc.

Date: ___/___/_____

CONTACT INFORMATION

Ordering Party	Paying Party
Name: _____	Name: _____
Company: _____	Company: _____
Street Address: _____	Street Address: _____
City: _____	City: _____
State: ___ Zip: ___ Phone: _____	State: ___ Zip: ___ Phone: _____
Fax: _____ Alt: _____	Fax: _____ Alt: _____
E-Mail: _____	E-Mail: _____

Transaction / Certification Party Information

Name: _____	Name: _____	Name: _____
Phone: _____	Phone: _____	Phone: _____
E-Mail: _____	E-Mail: _____	E-Mail: _____

SCOPE OF SERVICES

Provide: **ALTA / ACSM LAND TITLE SURVEY**

Yes: No: Include **Standard ASM Table A Items** (Attached)

Yes: No: Include **Standard ASM Surveyor's Certificate** (Attached)

PROPERTY DETAILS

Project Name _____ Single Property? Yes No If No, Number of Properties Included: _____

Client Project / Identification Number: _____ Project Address: _____ If Multiple <input type="checkbox"/> (see attached)	States that the Properties are Located in: (Circle All that Apply) AL AK AZ AR CA CO CT DE FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY DC PR
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Legal Descriptions Per Title Commitment, Deed:
Provided? Yes No if No When Expected? _____

Uses of the Property or type of Improvements: _____
Specific Instructions to Surveyors for Access: _____

SUPPORTING DOCUMENTS

Prior Surveys? Yes: No: If Yes Date of Last Survey: _____

Existing Title Commitments? Yes: No: If Yes Date When Expected: _____

Final Title Commitment? Yes: No: If Yes Date When Expected: _____

Authorization Letter For Site Access? Yes: No: If Yes Date When Expected: _____

Mailing Distribution List? Yes: No: If Yes Date When Expected: _____

PROJECT TARGET DATES

Project Due Date: _____ Project Closing Date: _____