



CUSTOMER INFORMATION FORM

- 1. Is this a home or business? _____ Age of home: _____ Ever been remodeled: _____
2. What is the source of the water? _____ When did the loss occur? _____
3. Is there a basement? _____ (Solid _____ Block _____ Other _____) Crawl? _____ Concrete Slab? _____
4. Have you experienced a water loss before? _____ When? _____ Sewage or Fresh _____
5. Has this area ever been wet before? _____ When? _____ Sewage or Fresh _____
6. Was it mitigated? _____
7. Is there any visible discoloration, microbial growth or odor? _____
8. Is there any asbestos, lead or other hazardous material present? _____
9. Have any of the following been affected:
_____ Waterbeds _____ Pool tables _____ Appliances _____ Entertainment centers _____ Guns
_____ Hi-fi equipment _____ Collectables _____ Art work _____ Books _____ Magazines
_____ Photos _____ Documents _____ Oriental/Specialty Area Rugs _____ Upholstered Furniture
_____ Computers _____ Mattresses _____ Piano _____ Other _____
10. Is there electricity? _____ Is there water? _____ Is there an elevator? _____ Does it work? _____
11. How can we gain access? _____

DRYING EQUIPMENT

- _____ DRYING EQUIPMENT CAN SAFELY RUN 24 HOURS A DAY.
_____ DO NOT SHUT OFF DRYING EQUIPMENT. HIDDEN MOISTURE MAY CAUSE MOLD AND ODORS.
_____ IF THE CIRCUIT BREAKER TRIPS, PLEASE RESET IT AND CALL US.
_____ EQUIPMENT WILL BE NOISY.

TEMPERATURE

- _____ EQUIPMENT WILL RAISE THE TEMPERATURE.
_____ PLEASE LET US CONTROL YOUR THERMOSTAT DURING THE DRYING PROCESS.
_____ KEEP ALL DOORS AND WINDOWS CLOSED.
_____ PLEASE DO NOT ENTER THE SEALED CONTAINMENT AREAS.

ODORS

- _____ SOME ODORS ARE NORMAL. PLEASE CALL IF YOU HAVE ANY SEVERE ODOR PROBLEMS.

JOB MONITORING

- _____ WE WILL RETURN DAILY TO CHECK THE DRYING PROCESS.

NEED TO KNOW

- _____ ANY RECONSTRUCTION WORK SHOULD NOT BE DONE UNTIL THE DRYING PROCESS IS COMPLETE.
_____ DO YOU NEED ASSISTANCE IN FINDING A COMPANY FOR YOUR RESTORATION.
_____ YOUR CARPETS WILL BE CLEANED AFTER RECONSTRUCTION.

BILLING

- _____ PAYMENT IS DUE UPON COMPLETION OF SERVICES.
_____ WE WILL TAKE CARE OF THE INITIAL BILLING TO YOUR INSURANCE COMPANY.

PLEASE KEEP CHILDREN AND PETS AWAY FROM THE WORK SITE. FLOORS MAY BE SLIPPERY AND STRUCTURAL ITEMS MAY BE SHARP OR HAZARDOUS.

CUSTOMER SIGNATURE _____
CUSTOMER NAME (PRINT) _____ **DATE** _____