

TODAY'S DATE:		REQUEST FOR PROPOSAL PLEASE FAX TO (727) 493-5599		DATE SURVEY IS REQUIRED BY:	
CONTACT INFORMATION	NAME: _____ EMAIL: _____		<p style="text-align: center;">GREGORY A. SHIMP PROFESSIONAL SURVEYOR & MAPPER</p> <p style="text-align: center;">MANAGER, MORTGAGE SURVEY DIVISION OF GEORGE A. SHIMP II & ASSOC., INC.</p> <p style="text-align: center;">PHONE: (727) 859-2161 FAX: (727) 493-5599 gregshimp@gmail.com</p>		
	COMPANY: _____				
	STREET ADDRESS: _____				
	CITY, STATE, ZIP: _____				
	PHONE: _____	MOBILE: _____			
BILLING INFORMATION	<input type="checkbox"/> SAME AS CONTACT INFORMATION		<p>PLEASE RESPOND TO MY REQUEST VIA:</p> <p><input type="checkbox"/> PHONE <input type="checkbox"/> MOBILE PHONE <input type="checkbox"/> FAX <input type="checkbox"/> E-MAIL</p>		
	NAME: _____				
	COMPANY: _____				
	STREET ADDRESS: _____				
	CITY, STATE, ZIP: _____				
PROPERTY TO BE SURVEYED	PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE, ONLY FIELDS WITH ASTERISKS ARE REQUIRED.				
	*CURRENT OWNER'S NAME / BUSINESS NAME: _____				
	*SITE ADDRESS: _____				
	*CITY: _____		*ZIP: _____		
	SECTION: _____	TOWNSHIP: _____	RANGE: _____		
	LOT(S): _____	BLOCK: _____			
	PLAT BOOK: _____	PAGE: _____			
	*COUNTY: _____				
	PARCEL I.D. NO. : _____				
	O.R. BOOK: _____	PAGE: _____			
SURVEY INFORMATION / REQUIREMENTS	TYPE OF SURVEY <input type="checkbox"/> STANDARD BOUNDARY SURVEY / "MORTGAGE SURVEY" <input type="checkbox"/> OTHER (PLEASE EXPLAIN): _____ _____ _____				
	ADDITIONAL INFORMATION OR REQUIREMENTS: _____				

	CERTIFICATIONS, IF KNOWN (NAME OF BUYER, LENDER, TITLE COMPANY, ETC...): _____ _____ _____				