

### Client Information Form

Date: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Municipal Address: \_\_\_\_\_

Subdivision & Lot#: \_\_\_\_\_

#### Legal Land Description:

Quarter: \_\_\_\_\_ Section: \_\_\_\_\_

Township: \_\_\_\_\_ Range: \_\_\_\_\_ West of: \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_

Property Size  
in Acres: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Number of Occupants: \_\_\_\_\_

#### Work to be done:

Septic Tank:  Holding Tank:  Packaged Sewage Treatment Plant:

Cistern:  Disposal Field:  Open Discharge:

At Grade:

#### Check any systems you have:

Garburator:  Cistern:  Water Well:

Water Softener:  Iron Filter:  Reverse Osmosis Unit:

Does the backwash drain into septic system?



Phone/Fax: 780.963.1949      Cell: 780.719.1764

**Where did you hear about us?**

Phonebook:

Newspaper:

Internet:

Referral:       Name of Referral (optional): \_\_\_\_\_

Other:                       Where (optional): \_\_\_\_\_

***Thanks for taking the time to help us serve you better!***