



Customer/Homeowner Inspection Request

CUSTOMER / HOMEOWNER INFORMATION

***Name:** (first , Last)

Address of installation request:

***Phone:**

***Email:**

City:

Province:

Postal Code:

INSTALLATION INFORMATION

Company name of Spray Foam Contractor:

Contractor address:

Contractor main contact name:

Phone:

E-mail:

Fax:

City:

Province:

Postal Code:

Name of Certified Spray Foam Installer :

Please explain the reasons for requesting an onsite inspection:

Date of Foam Installation:

Day: _____ Month: _____ Year: _____

Written contract present?

Yes:
No:

Samples & pictures available?

Yes:
No:

What type of foam was used?

BASF
Demilec
Proline Plus
EcoBay CC
Corbond
Foam-LOK
Other: _____

Colour of foam:
Purple
Blue
Orange
Peach
Green
Not Sure

Signature: _____ Date: _____

Please complete form and return via email to info@foamexperts.ca or by mail to 160 Main St., Suite 547

Brampton, Ontario L6W 4C1