

Customer/Homeowner Inspection Request

*Name: (first , Last) Address of installation request: Address of installation request:	CUSTOMER / HOMEOWNER INFORMATION				
#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: Postal Code: Please explain the reasons for requesting an onsite inspection: Date of Foam Installation: Vest: No: Day:Month:Year: Yes: No: Written contract present? Samples & pictures available? Yes: No: No: What type of foam was used? BASF Demilec Proline Plus EcoBay CC Corbond Foam-LOK Foren Not Stree	*Name: (first , Last)				
City: Province: Postal Code: INSTALLATION INFORMATION	Address of installation request:		*Phone:		
INSTALLATION INFORMATION Company name of Spray Foam Contractor: Contractor address: Contractor address: Contractor main contact name: Phone: E-mail: Province: Province: Province: Postal Code: Please explain the reasons for requesting an onsite inspection: Date of Foam Installation: Day:Month:Year: No: Written contract present? Yes: No: No: What type of foam was used? BASF Demilec Proline Plus E-coBay CC Corbond Foam-LOK Not Sure			*Email:		
Contractor address: Contractor address: Contractor address: City: Province: 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: No: Written contract present? Yes: No: No: What type of foam was used? BASF Demilec Purple Blue Orange Peach Green Foam-LOK Not Sure	City:	Province:		Postal Code:	
Contractor address: Contractor main contact name: Fax:		INSTALLATI	ION INFORMATIO	NO.	
Phone: E-mail: Fax: City: Province: 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: Yes: No: No: Written contract present? Yes: No: No: Colour of foam: Purple Blue Proline Plus EcoBay CC Proline Plus EcoBay CC Corbond Foam-LOK Not Sure	Company name of Spray Foam Contra	actor:			
City: Province: Postal Code:	Contractor address:			Contractor main contact name:	
Name of Certified Spray Foam Installer: Please explain the reasons for requesting an onsite inspection: Date of Foam Installation: Day:Month:Year: What type of foam was used? Written contract present? Yes: No: Yes: No: No: Colour of foam: Purple Blue Orange Peach Green Not Sure	Phone: E-mail:			Fax:	
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Yes: Yes: No: No	Please explain the reasons for request	ing an onsite inspection:			
Yes: Yes: No: No					
Yes: Yes: No: No					
Yes: Yes: No: No					
No: BASF Demilec Proline Plus EcoBay CC Corbond Foam-LOK No: Colour of foam: Purple Blue Orange Peach Green Not Sure	Date of Foam Installation:	Written contra	ct present?	Samples & pictures available?	
BASF Demilec Proline Plus EcoBay CC Corbond Foam-LOK BASF Demilec Proline Plus EcoBay CC Corbond Foam-LOK Colour of foam: Purple Blue Orange Peach Green Not Sure	Day: Month: Year:	Yes:		Yes:	
What type of foam was used? What type of foam was used? EcoBay CC Corbond Foam-LOK Purple Blue Orange Peach Green Not Sure		No:		No:	
What type of foam was used? Demilec Proline Plus EcoBay CC Corbond Foam-LOK Purple Blue Orange Peach Green Not Sure		RASE		Colour of foam:	
What type of foam was used? Proline Plus EcoBay CC Corbond Foam-LOK Proline Plus EcoBay CC Orange Peach Green Not Sure				Purple	
What type of foam was used? EcoBay CC Corbond Foam-LOK Orange Peach Green Not Sure		Proling Plus			
Corbond Peach Green Foam-LOK Not Sure	What type of foam was us	ed s		_	
Foam-LOK Green		· ·			
Not Sure					
				Not Sure	

Please complete form and return via email to info@foamexperts.ca or by mail to 160 Main St., Suite 547 Brampton, Ontario L6W 4C1