REOUEST FOR FENCE OUOTATION

Name _____

Address _____

_____

Postal Code _____

Phone _____

Cell _____

Fax _____

Date _____

Follow-up Date _____

_____

Hydro Provider _____

Phone# _____

Township or City _____

Township Phone# _____

Nearest Cross Street

1 _____

2 _____

Desired timeframe for Fence (Circle One)

Yesterday / 2 wks / 1mth / 2mth

Other _____

Drawing of desired fence: including corners, gates, and Estimated Footage

Type of Fence & Description:

Are you aware of any underground wires?
BBQ Line, Pool Line, Gas, Water, Phone, Cable, or Otherwise?
YOU ARE RESPONSIBLE.

Referred by _____

_____

SERVICE SOLUTIONS
690 Metler Road
Fenwick, Ontario L0S 1C0
PHONE 905.892.6212
FAX 905.892.0722
*Please Fax or Email this form to us

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