

# Client Service Request Form



**Date Requested:** \_\_\_\_\_ **Deadline Date:** \_\_\_\_\_

**Sales Person:** \_\_\_\_\_ **Designer:** \_\_\_\_\_

**Sales Person E-mail:** \_\_\_\_\_ **Designer E-mail:** \_\_\_\_\_

**Project Number:** \_\_\_\_\_

**Client Name:** \_\_\_\_\_

**Client Address:** \_\_\_\_\_

**Client Contact / Phone Number:** \_\_\_\_\_

**Indicate Services Requested (Please check all that apply):**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> <i>Field Measuring Services</i> | <input type="checkbox"/> <i>3D Design / Rendering</i> | <input type="checkbox"/> <i>Space Planning</i>          |
| <input type="checkbox"/> <i>Convert Drawings to CAD</i>  | <input type="checkbox"/> <i>Convert Logo to CAD</i>   | <input type="checkbox"/> <i>Graphic Design</i>          |
| <input type="checkbox"/> <i>As-built CAD Drafting</i>    | <input type="checkbox"/> <i>Create Titleblock</i>     | <input type="checkbox"/> <i>Change Order / Addendum</i> |
| <input type="checkbox"/> <i>Construction Drawings</i>    | <input type="checkbox"/> <i>General CAD Drafting</i>  | <input type="checkbox"/> <i>Other – Explain Below</i>   |

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**Comments / Special Request:**

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*Please note True Design Services, Inc. will proceed with services upon receipt of this document as well as a signed copy of approved project proposal (if applicable). Please call with additional questions and/or concerns (248) 414-9577.*

*Upon review and completion please fax this form to True Design Services, Inc. (248) 414-5288. Thank You!*