

# Site Inspection Request

## CUSTOMER/HOMEOWNER INFORMATION

**\*Name:** (First , Last)

Address of installation request:

**\*Phone:**

**\*Email:**

**City:**

**Province:**

**Postal Code:**

## INSTALLATION INFORMATION

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?

Elastochem Specialty Chemicals  
Genyk Polyurethane  
Enverge  
Enerlab  
Greyseal  
Other: \_\_\_\_\_

Colour of foam:  
Purple  
Blue  
Orange  
Peach  
Green  
Teal

Signature: \_\_\_\_\_

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

Please complete form and return via email to [info@foamexperts.ca](mailto:info@foamexperts.ca) or by mail to 160 Main St. South, Suite 547, Brampton, ON L6W 4C1