



B. E. S. T.
Barron Environmental Service & Technologies
Client Request Form

A. Client Information

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

Builder \_\_\_\_\_ Developer \_\_\_\_\_ Operator \_\_\_\_\_ Additional Owner/Operator \_\_\_\_\_

Operator/BuilderName: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Type of Company: \_\_\_\_\_ Ind. \_\_\_\_\_ Sole Proprietor-DBA \_\_\_\_\_ Partnership \_\_\_\_\_ Corp \_\_\_\_\_ Other

B. Project Information

Homebuilding \_\_\_\_\_ Development \_\_\_\_\_ Commercial \_\_\_\_\_

Legal Project Name: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Estimated duration of project: Start \_\_\_\_\_ Finish \_\_\_\_\_

Acreage of Project Site: \_\_\_\_\_ Disturbed Acreage: \_\_\_\_\_

Final Stabilization: \_\_\_\_\_ Sod \_\_\_\_\_ Seed \_\_\_\_\_ Hydro mulch

Driving Directions (If not physical address): \_\_\_\_\_

Person filing N.O.I (or Small Construction Site Notice): \_\_\_\_\_

Title: \_\_\_\_\_ Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Person to Contact Regarding Project Information: \_\_\_\_\_

Title: \_\_\_\_\_ Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Where Will SWPPP Be Kept: \_\_\_\_\_



**C. Additional Services Required**

**Notice Of Intent**

NOI \_\_\_ Yes \_\_\_ No      Umbrella NOI \_\_\_ Yes \_\_\_ No

Subdivision: Site Specific: \_\_\_\_\_ or Overall: \_\_\_\_\_

STEERS ER# \_\_\_\_\_ STEERS CN# \_\_\_\_\_

Notice of Termination \_\_\_ Yes \_\_\_ No      Construction Site Notice \_\_\_ Yes \_\_\_ No

Inspections \_\_\_ Yes \_\_\_ No      Start date? \_\_\_\_\_      \_\_\_ Weekly      \_\_\_ Bi-Weekly + Rain Event

Inspections Mailed? \_\_\_\_\_      Inspections E-mailed? \_\_\_\_\_      E-mail Address \_\_\_\_\_

Invoices mailed? \_\_\_\_\_      Invoices e-mailed? \_\_\_\_\_      E-mail Address \_\_\_\_\_

*Client and Consultant agree that the Client Request Form is an enforceable agreement entered into by the Client and Consultant. By signing below, the Client agrees to purchase and the Consultant agrees to perform the services listed on the Client Request Form. Client certifies that all information provided on the Client Request form is accurate. Client agrees that all documents are supplied to the Consultant so that work may begin as soon as possible. The Client understands and agrees that if any information in the Client Request Form is inaccurate, resulting in a correction or modification of the Plan or any other services provided under the Client Request Form, Client will pay additional fees and the delivery of requested services may be delayed. Client agrees to pay any applicable sales taxes. Client understands that if additional maps are needed to complete the SWPPP plan, a charge will be incurred for any additional maps (resulting from being charged for additional maps). Client represents that the person signing this Client Request Form is authorized to do so on it behalf.*

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Consultant Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

Notes: \_\_\_\_\_

Price for SWPPP \_\_\_\_\_

Price for Inspection \_\_\_\_\_

Additional Charges \_\_\_\_\_

Misc. Charges \_\_\_\_\_

Total Due \_\_\_\_\_

Amount Paid \_\_\_\_\_

Amount Due Upon Delivery \_\_\_\_\_