Customer Name	
Project / Property Name	
Primary Contact (Name)	
Primary Contact (phone/email)	
Date	

Initial Site Survey Data				
POC / Location / Name	Acres	Turf (sqft)	Shrubs / Trees / Flowers (sqft)	Mainline Size

Mark Selections with (X)

Program Type: ☐ Sustainable ☐ Organic ☐ Water Treatment ☐ Critter Repel

Property Type: ☐ HOA ☐ School/Muni ☐ Park ☐ Residence

Plant Material: ☐ New Installation ☐ Established Objective: ☐ Push Growth ☐ Maintain

Region: ☐ Southwest ☐ Northwest & Mountain ☐ Midwest ☐ Northeast ☐ Southeast

Special Needs: ☐ High Salt ☐ Hard Water ☐ Clay Soil

Notes:

Submit Completed Sheets to: info@ezfloinjection.com

www.ezfloinjection.com **Ph: 866-393-5601** **Fax: 916-652-5754**