# ELEVATION RAMPS

## ASSESSMENT & CUSTOMER AGREEMENT FORM

Customer: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

*Please provide a diagram/drawing of the proposed ramp configuration in relation to the customer's home and relevant landmarks.*

| | | | |
|---|---|---|---|
| Evaluation Date: _____ | Evaluator's Name: _____ | | Phone: _____ |
| Total Rise: _____ | Entrance: ❑ Front ❑ Rear ❑ Side ❑ Other | Threshold 1: _____ | Threshold 2: _____ |
| Mobility Device: _____ | Door swing: ❑ In ❑ Out | Lower landing surface: _____ | |

Scale: 1 square = 1 Foot *(Note obstacles such as driveway, sidewalks, trees, scrubs, etc.)*

I, _____ , agree that the proposed ramp system above will satisfactorily meet my needs.

CUSTOMER SIGNATURE: _____ DATE: _____

I am the owner of the property and agree to have the proposed ramp installed on this property.

*If there is a different owner of the property besides the homeowner, please check the appropriate box and sign below.*

❑ HOME PROPERTY OWNER ❑ APARTMENT MANAGER ❑ OTHER (specity):

HOMEOWNER SIGNATURE: _____ DATE: _____