



CERAMIC TILE INSTITUTE OF AMERICA, INC.

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Fed. I.D. #95-4401962

www.ctioa.org

www.thetiledoctor.com

Please **PRINT** clearly

REQUEST FORM

Person requesting this inspection : _____ Date: _____

Your company name, address, phone number if different from below:

Position or relationship to job _____

Why do you want this Inspection (state failure or problems) _____

CONTACT Person(s) to Schedule Appointment, with Bus./Res. Phone #'s: _____

Builder / Developer/ Contractor/ Name: _____

Address: _____ City: _____ State _____ Zip: _____

Phone _____ Fax _____ Date of installation _____

Location of Inspection / Project Name: _____
Owner / Residence / Project

Bus. Phone: _____ Job Site Address: _____

Res. Phone: _____ City: _____ County: _____ State: _____ Zip: _____

Tile Contractor: License # _____ Name _____
If none check here ()

Address: _____
Phone: _____

Fax: _____ City _____ State: _____ Zip: _____

Supplier (Grout, Mortar, Additives) Name: _____

Phone: _____ Address: _____

Fax: _____ City: _____ State: _____ Zip: _____

Manufacturer: _____

SIGNATURE REQUIRED _____

ALLOW 10 – 15 WORKING DAYS for REPORT to be issued.

OUR SERVICES ARE PREPAID..... Please include check and directions/map to jobsite with completed form.