



# Request for Custom Report

## Part 1. To be completed by the client and sent to PDS with \$400 deposit

Site Number: \_\_\_\_\_ Program: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**Custom Report Overview/Specifications:** Please describe in detail your proposed custom report. Include any options or selections that may be relevant. Fax this form and any sample reports or forms that may clarify your request to (602) 789-0597 or call (800) 892-5202 X 7783.

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## Part 2. To be completed by PDS office personnel

Custom Report Technician: \_\_\_\_\_ Date Received: \_\_\_/\_\_\_/\_\_\_\_\_

\$400 Deposit:  Check  Credit Card Date Contacted: \_\_\_/\_\_\_/\_\_\_\_\_

Estimated Cost: \$ \_\_\_\_\_ Date Estimated: \_\_\_/\_\_\_/\_\_\_\_\_

Estimated Completion: \_\_\_\_\_ from approval date.

Assigned Technician: \_\_\_\_\_ Date Approved: \_\_\_/\_\_\_/\_\_\_\_\_

Date Completed: \_\_\_/\_\_\_/\_\_\_\_\_

## Part 3. To be signed by the client after receiving written estimate

I agree to the Custom Report Guidelines and Estimates.

- Please begin work on our custom report and apply the deposit towards the total
- Please retract our request for a custom report. The deposit will not be returned.

Client Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_