



Request for Custom Report

Part 1. To be completed by the client and sent to PDS with \$200 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) 567-7783 or send an e-mail message with that information to pdsphx@parishdata.com.

Part 2. To be completed by PDS office personnel

Custom Report Technician: _____ Date Received: ____/____/____

\$200 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: ____/____/____