



Elliott & Associates

■ Wood Flooring Inspections

■ Consultation

■ Expert Witness

Inspection Request Form

Date _____

Contact Name _____

Contact Numbers: Daytime _____ Evening _____ Email _____

Address _____ City _____

Postal Code _____

Job Location (if different from above)

Address _____ City _____

Postal Code _____

Briefly describe the nature of the performance issue/complaint(s):

Flooring Type: Solid Parquet Tile Engineered Laminate

Size: Thickness _____ Width _____

Wood Specie: _____ Factory Finished Site Sanded / Finished

Manufacturer's Name: _____

Installer and/or Dealer / Supplier's Name(s): _____

Installation Method: Nailed Stapled Floated Glued Unknown

Installation Areas (Basement, First Floor, Second Floor, Above or Below Grade etc.):

Subfloor Type: Plywood OSB (Waferboard) Concrete Unknown

Above a Crawlspace: Yes No



Elliott & Associates

- Wood Flooring Inspections
- Consultation
- Expert Witness

Type of Service Requested


Consultation \$300 plus applicable expenses*

Written Inspection Report \$500 plus applicable expenses*



*All other expenses (accommodations, transportation, couriers, postage/handling, parking, etc.) will be calculated and payable prior to issuing the report.

Note: All fees are to be paid in advance of any performance of services (except for those which are to be calculated after performance of services).

Please choose a method of payment:

1. From our website you can choose 

2. Or Make Cheque or Money Order payable to:
Elliott & Associates
7030 Woodbine Avenue, Suite 500
Markham, Ontario L3R 6G2

3. Or Make a credit card Payment :We accept both  & 

Credit Card Authorization:

Visa Mastercard

Card Number: _____

Expiration Date: _____

3 Digit Security Code: _____

Signature _____ Date _____

Please fax both pages to 416-551-0054

* By signing above, I authorize to charge my credit card as pre-payment for services rendered by Elliott & Associates.