

Request for Lumber/Timber Inspection Service

	Co	mpany l	nformatio	on		
Company Name:						
Mailing Address:						
	Street or P.O. Box		City	State		Zip
Billing Address:	Street or P.O. Box		City	State		Zip
	Street of P.O. Box		City	State		Ζίμ
Physical Address: (For Stamping Service)	Stroot		City	Ctata		7:0
(For Stamping Service)	Street		City	State		Zip
Business Phone:	Email:					
Primary Contact:	Title:					
	Inspection	Service R	Reauest II	nformation		
Lumber / Timber Sizes		Quantity		Timber Sizes	Consider	Quantity
(thickness x width x length)	Species	(Pieces)	-	width x length)	Species	(Pieces)
	lise a	dditional form	s to list more	items		
Estimated Date Material						
Type of Stamping Required			tificate or Ink	-Stamped:		
Targeted Lumber/Timber G		_				
Stamping Service Reques	ted by:					
				(Print Name)		
					(Date)	
	NEL	MA Offic	ce Use Ol	NLY		
Service Request Received: Completed Service Form Received:		Request for Service Form Sent: Official Approval (Date & Initials):				
Inspector Assigned & Date Notified:			·			
Certificate #:						

Save Completed Form and email to info@nelma.org