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Billing & Site Information Sheet

JOB SITE INFORMATION

Exact Name of Site/Building: _____

Street Address _____

City _____ State _____ Zip _____

Nearest Intersection: _____

Site Contact: _____

Site Contact Phone #: _____

For Asbestos and Demolition Projects Only:

Building Size: _____ s.f. Building Age: _____ # of Floors _____

Present Building Use: _____

Prior Building Use: _____

Dwelling Units: _____
(Residential Only)

OWNER INFORMATION OF PROPERTY ADDRESS WHERE WORK IS TO BE PERFORMED

Owner Company Name: _____
(If Applicable)

Owner Contact Name: _____

Owner's Address: _____
Street

City _____ State _____ Zip _____

Owner's Email Address: _____

Owner's Phone #: _____

If owner is a Corporation or LLC, please provide the Federal Tax ID# _____
(Used for obtaining EPA ID# for hazardous projects with Department of Toxic Substance Control)

**BILLING INFORMATION FOR WORK PERFORMED
AT ABOVE STATED JOB SITE ADDRESS**

Company Name: _____
(If Applicable)

Contact Name: _____

Billing Address: _____
Street Address

City State Zip

Billing Phone #: _____

Fax #: _____

Purchase Order #: _____
(If Applicable)

For Contractors ONLY

License # _____

Unlimited Environmental must receive a copy of your insurance with the signed proposal. Thank you!

How would you like your invoice sent (please circle all that apply):

Mail Email Fax

Email: _____