Client Work Order

DG Frondorf and Associates LLC

Construction Estimating Consultants
2639 Maryland Avenue
Cincinnati, Ohio 45204
513-706-7403 Office-Cell

Please return completed form by fax or email to :
513-251-6294 Fax
info@dgfrondorf.com
Please note - fill out and return BOTH pages
Client work orders will be verified by telephone upon receipt

Date of Request _____
month - day - year

Client Name _____
company or firm name

Client Contact Person _____
name and title

Client Contact Information _____
office telephone
_____
wireless telephone
_____
email address
_____
website address
_____
mailing - postal address

Project Name _____
name or title of project

Project Details	**please check all that apply**
new building project	_____
new sitework project	_____
sitework for a new building project	_____
sitework for a building renovation project	_____
design development in progress	_____
pre-construction management - estimating in progress	_____
demolition work	_____
landscape work	_____
earthwork and grading work	_____
site utility work	_____
pavement work	_____
excavation for a new building or structure	_____
this project is out for bid (indicate date)	_____ bid date month - day - year_____
this project is under construction	_____
this project has already been built	_____
I/we are bidding as a GC	_____
I/we are bidding as a sub or supplier	_____
I/we are the civil-landscape designer	_____
I/we are the architect	_____
I/we are the construction manager	_____
I/we are the project's owner	_____
I/we are the project's surety bonding agent	_____
I/we are a law firm or other consultant - please describe	_____ description_____

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Services Requested	**please check all that apply**
quantity estimating	_____
cost estimating or construction budget estimating	_____
scope of work review	_____
claims preparation or review assistance	_____
construction inspection-photography	_____
construction management-owner's representation	_____

Bidding Document, Plans, and Specs	**please check one**
DGFA provided (indicate where available)	_____ available where:_____
client provided (indicate transmittal method)	_____ to be sent by:_____

please note that printing fees will apply if DGFA handles printing pertaining to our services

Explicit description of services requested
please describe what you want us to do for you

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Date Due to Client : _____
month - day - year - time

Preferred Method of Transmittal	**please check one (addresses listed above will be utilized)**
by return email (indicate email address)	_____
by return overnight delivery (shipping fees will apply)	_____
by return US Mail (shipping fees will apply)	_____

Request Estimate of Fee from DGFA for professional services prior to authorization to proceed ? (check one)

yes - please submit a fee estimate for DGFA services	_____ (a fee estimate will be provided by email or fax)
no - please proceed at hourly rates	_____