

DESIGN REQUEST FORM



DESIGN NUMBER: _____

DATE					
DESIGN CATEGORY	Agriculture	Turf-small	Turf commercial and sport	Other	
CLIENT CATEGORY	Contractor	Landscape Architect	End-user Agri	COOP	End-user Turf
CLIENT NAME					
CLIENT ADDRESS					
CLIENT CONTACT NUMBER					
CLIENT E-MAIL NUMBER					
REGION					
IS THIS FOR A TENDER	YES	NO			
<i>DESIGN INFORMATION</i>					
DRAWING PROVIDED	YES	NO			
SURVEYING REQUESTED	YES	NO			
WATER PRESSURE					
WATER FLOW					
WATER LICENSE REQUESTED	YES	NO			
PUMP HOUSE DESIGN	YES	NO			
MAINLINE DESIGN	YES	NO			
CURRENT SYSTEM					
SYSTEM TYPE REQUESTED	Manual	Automatic	Central control	Decoder	
WATER SOURCE					
BILL OF MATERIALS	YES	NO			

DESIGN COST	Please note that this design will cost R _____ and as calculated on an estimated time required for the design of _____ hours. Included is also an estimated cost for surveying and travel costs of _____. This cost will be credited on the account on purchase of system.
ESTIMATED DATE OF COMPLETED DESIGN	

NOTES:

DESIGNER'S NAME AND SIGNATURE

CLIENT'S SIGNATURE