

(date)

Bill to name.
 Bill to address
 Bill to City, state zip code

Ph:
 Fax:

Attention: (Contact name)

Reference: site address
 site City, state zip code

Scope of work:

Perform Fire Sprinkler Quarterly Inspection based on the latest NFPA 25 requirements.

Price: \$ For 1 Riser (\$ for any additional riser)

Notes:

- On-site personnel to be available to provide all access necessary to perform the test.
- For all repairs required after the inspection, a separate estimate will be provided.
- Disclaimer: Regency Fire will have not be liable for any part of the existing system causing any damage whatsoever resulting from the test, any other cause(s), or any other factors affecting the existing system now or in the future.
- Price is based on work being performed during normal business hours.

Please contact our office if you have any questions.

Rafi Shezaf

Regency Testing, Inc.

Billing Responsible Party:

Print Name of Contact Person:	
Address of Owner:	
Phone Number:	Email Address:
Signature:	Date:
Building total square feet and year build:	Monitoring/Fire Alarm Co. (Name, Phone & Acct #)

Requested by: Owner/Management Co. Fire Department Insurance