Site Evaluation Worksheet

Evaluation Date:	**CUSTOMER INFORMATION**
Evaluating Company:	Name:
Address:	Address:
City, St. Zip:	City, St. zip:
Phone:	Phone:
Evaluated By:	Total Rise: Front □ Rear □ Side □

NOTE OBSTACLES SUCH AS; DRIVEWAY, SIDEWALKS, TREES, POLES, LANDSCAPING, ETC...

SCALE: 1 SQUARE = 1 FOOT

End User Signature required:	**Date**:
By signing this form you agree to the ramp layout as drawn above. No changes can be made after product is ordered.	

American Modular Access Systems, Inc.
Phone: 863-227-6795 ● Fax: 863-874-4236