



REQUEST FOR PROPOSAL

CLIENT NAME: _____ CONTACT NAME: _____

CLIENT CONTACT NUMBER/EMAIL ADDRESS: _____ / _____

PROJECT NAME: _____

LOCATION: _____
(street address/city/state)

Services Required:

Check all that apply

- Mechanical
- Electrical
- Plumbing
- Fire Sprinkler
- Fire Alarm
- Site Lighting Photometrics
- Site Lighting Study/Analysis
- Site Lighting Certification
- Consulting/Due Diligence
- 40 Year Re-certification
- Tenant Improvement
- Peer Review
- New Construction
- Building Addition
- LEED Certification

Type of Project:

- Airports/Terminals/Hangars
- Apartments
- Banks
- Boat Storage
- Casinos
- Computers
- Condominiums
- Church/Chapel
- Communication Systems
- Educational Facilities
- Funeral Homes/Crematoriums
- Garages/Parking Structures
- Government
- Hospitals/Medical Centers
- Hotels
- Laboratories
- Manufacturing/Industrial/Plants
- Marinas
- Medical Offices (MD/DDS)
- Mixed Use
- Multi-Family Housing
- Motels
- Office Buildings
- Professional Offices
- Public Safety Facilities
- Racetrack
- Restaurants
- Stand Alone Retail
- Single Family Housing
- Strip Centers/Malls
- Telecommunications
- Vehicle Maintenance/Dealerships
- Other _____

ADDITIONAL INFORMATION:

Number of Stories: _____ Number of Buildings: _____ Square Footage: _____

PLANS AND DRAWINGS:

CADD – please email files to ART@KAMMCONSULTING.COM

ROLLS/HARD COPIES: Please indicate if you require pick up _____

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COMMENTS:

PLEASE EMAIL OR FAX THIS FORM TO:

EMAIL ADDRESS: ART@KAMMCONSULTING.COM/FAX #: 954-949-2201/TELEPHONE #: 954-949-2200