



**SUMMER PROPERTY MAINTENANCE
INQUIRY FORM**

Company Name: _____

Customer Email Address: _____

Main Contact Legal Name: _____ Contact Number: _____

Secondary Contact Legal Name: _____ Contact Number: _____

Physical Service Address: _____

City Province Postal Code

Mailing Address: _____
(If different from above)

Day and Hours of Operation: _____

Previous Contractor _____

Reason of Change: (Optional) _____

Expectation: (Optional) _____

What are the services you require? Check ONLY the following that applies.

Residential or Commercial or Condominium/ Apartment Complex or Industrial

- Lawn Mowing Flower Bed Hand Weeding and Blowing
- Spring Clean Up Mulch Installation Shrub and Minor Tree Trimming
- Fall Clean up
- Fertilizing
- Weed Spraying
- Landscaping
- Parking lot Sweeping
- Parking Lot Painting
- Parking Lot Litter Control

Special Instructions: _____

PLEASE RETURN THIS TO INFO@APOLLOPROPERTYMAINTENANCE.CA WITH **MAP LAY OUT** OF THE PROPERTY IF POSSIBLE.
IF YOU REQUIRE FURTHER ASSISTANCE PLEASE DON'T HESITATE TO ASK. WE ARE HERE TO HELP.