



# CERAMIC TILE INSTITUTE OF AMERICA, INC.

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Fed. I.D. #95-4401962

[www.ctioa.org](http://www.ctioa.org)

[www.thetiledoctor.com](http://www.thetiledoctor.com)

Please **PRINT** clearly

## REQUEST FORM

Person requesting this inspection : \_\_\_\_\_ Date: \_\_\_\_\_

Your company name, address, phone number if different from below:

\_\_\_\_\_  
\_\_\_\_\_

Position or relationship to job \_\_\_\_\_

Why do you want this Inspection (state failure or problems) \_\_\_\_\_

\_\_\_\_\_

**CONTACT Person(s)** to Schedule Appointment, with Bus./Res. Phone #'s: \_\_\_\_\_

\_\_\_\_\_

Builder / Developer/ Contractor/ Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Date of installation \_\_\_\_\_

Location of Inspection / Project Name: \_\_\_\_\_  
Owner / Residence / Project

Bus. Phone: \_\_\_\_\_ Job Site Address: \_\_\_\_\_

Res. Phone: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tile Contractor: License # \_\_\_\_\_ Name \_\_\_\_\_  
If none check here ( )

Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supplier (Grout, Mortar, Additives) Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Fax: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

SIGNATURE REQUIRED \_\_\_\_\_

ALLOW 10 – 15 WORKING DAYS for REPORT to be issued.

**OUR SERVICES ARE PREPAID..... Please include check and directions/map to jobsite with completed form.**