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Drain Contractor (T87) Operating Information Questionnaire

Please indicate whether the address of your business is:

0	A mailing address only (sa	ame as your residence)
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O Office use (different than residence)

If office use, then please provide the following:

- 1. What is the square footage of your business premises?
- How many parking spaces do you have designated to your business? (Please note that street parking or shared parking does not apply to this question)

Date:

Client Name:

Client Signature: