



*Michigan Infrastructure & Transportation Association*

## JOB SITE INSPECTION REQUEST FORM

COMPANY NAME: \_\_\_\_\_

OFFICE CONTACT: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ EMAIL: \_\_\_\_\_

FIELD REPRESENTATIVE: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ EMAIL: \_\_\_\_\_

JOB SITE LOCATION: \_\_\_\_\_

ANTICIPATION DURATION OF PROJECT: \_\_\_\_\_

NUMBER OF EMPLOYEES ON SITE: \_\_\_\_\_

PLEASE FAX THIS FORM TO THE MITA OFFICE AT: (517) 347-8344

ATTN: PAT BROWN

*This service is exclusively available to MITA members only.*