



# AREA SURVEYING, INC.

Surveying / Mapping

135 Sheffield Drive / Fort Worth, TX 76134  
Voice: 817.293.5684 / Fax: 817.764.2328  
www.areasurveying.com

## Survey Copy Request Form

### About You

Firm Name			
Contact Name		Email	
Phone		Fax	
Address	City	State <input type="text"/>	Zip

### About the Property Surveyed

Please provide as much information as you can. The more information you can provide, the more equipped we will be to fulfill your request in a timely manner.

Our Project Number		Date of Survey	
Property Address			City/County
Legal Description of Property		Reason you are requesting a copy of this survey	
		<input type="radio"/> I am refinancing or selling this property <input type="radio"/> I am involved in design/construction on this property <input type="radio"/> I am marketing this property for sale <input type="radio"/> For government or regulatory use <input type="radio"/> Other	

### Waiver of Liability

I do hereby request that Area Surveying, Inc. (Area) provide to me copies of the survey plat indicated hereon. I understand that such plat is the result of a previous survey and is **not a current survey**; that said copy may no longer be a true, correct and accurate representation the property in its present condition; that the size, location and types of buildings and improvements may not presently be as shown on said survey; and I understand that neither Area, it's owners, or the surveyor whose signature and/or seal may appear on said copy make no representations or warranties, express or implied as to the current condition of the property shown on said copy, and assume no responsibility for the current condition of the property or for advising any party incident to any transaction of the current condition of the property. I agree to indemnify and hold harmless, Area, its owners, and any surveyor whose signature and/or seal may appear on said copy against any cause or liability incident to the use of this copy.

- I agree  
 I do not agree

Authorized Signature

**Note:** If you do not agree to the waiver of liability, your request will not be processed.

### Archive Retrieval Fee

	Sheet Size	No. of copies	<b>Instructions:</b> Complete this form and mail it with \$162.37 to the address at the top of this page. Upon receipt we will print the number of copies indicated at left and mail them to you.
Archive Retrieval Fee:	8.5" x 14"	5	
Sales Tax:	11" x 17"	4	
<b>Total Amount Due: \$162.37</b>	18" x 24" or 24" x 36"	3	