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CLIENT QUOTE REQUEST

	Please fill in the information requested below		
Name / Contact			
Client / Company			
Address			
Phone / Fax			
Email			
Project Details			
Project Name			
Start Date:			
Due Date:			
Frequency:			
Duration:			
Type of Work (ALG will require copy of permit if applicable)			
Compliance	<input type="checkbox"/>	Soils	<input type="checkbox"/>
DBP	<input type="checkbox"/>	Stormwater	<input type="checkbox"/>
NPDES Monitoring	<input type="checkbox"/>	Surface Water	<input type="checkbox"/>
Pilot Study	<input type="checkbox"/>	Wastewater	<input type="checkbox"/>
Groundwater	<input type="checkbox"/>	Other	<input type="checkbox"/>
Special Requirements:			
Quick Turnaround	<input type="checkbox"/>		
Custom Data Deliverables	<input type="checkbox"/>		
Special QC Requirements	<input type="checkbox"/>		
Please list requested analyses or provide attachment with requirements			