



# NEDERVELD

## *Forensic Engineering and Fire Investigation Request Form*

*Call us at 800-222-1868 or fax this form to 616-575-6644.*

Date of Loss: \_\_\_\_\_ Date of Assignment (today): \_\_\_\_\_

Contact: \_\_\_\_\_

Attorney     Insurance Adjuster     Business     Individual

Company: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_ Reference/Claim #: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

How would you like the initial report sent?     Fax     Email

Type of Loss: \_\_\_\_\_

For Roof and/or Hail Inspections – Would you like an EagleView Roofing Diagram/Report? \_\_\_\_\_

Services Required/Special Instructions: \_\_\_\_\_

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

Party Representing: \_\_\_\_\_

Insured     Plaintiff     Defendant     Other \_\_\_\_\_

Address(es): \_\_\_\_\_

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

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Other Interested Parties: \_\_\_\_\_

Address (es): \_\_\_\_\_

Telephone(s): \_\_\_\_\_ Claim #: \_\_\_\_\_

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

Investigation/Loss Location (If different than the address for the party represented): \_\_\_\_\_

Completion Target Date\*: \_\_\_\_\_

*\* Unless special instructions are given, a report will be faxed/ e-mailed to you within 12 business days of our receiving this request.*