



Associated Plastering & Lathing Contractors of San Diego

## APLC INSPECTION REQUEST

Name of Company requesting inspection: \_\_\_\_\_

Person making request: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person (if different than above): \_\_\_\_\_ Phone: \_\_\_\_\_

Address of inspection: \_\_\_\_\_

Give a brief description of why the inspection is being called for:

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

*An inspection team will be assembled and you will be contacted for a date and time that the inspection will take place.*

*Payment will be required at time of inspection. Discounted rates apply for APLC members.*

*For More information please contact us:*

*Melody Shupe – APLC Executive Director'*

*619-219-9812*

*[APLCofSD@gmail.com](mailto:APLCofSD@gmail.com)*

*PO Box 2112*

*El Cajon, CA 92021*

