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2023–2024 Quote Request Form

Renewal New client

Instructions: Please provide all requested information and check boxes as applicable. Please indicate anything special that pertains to your site, such as locked gate(s), communication boxes, telephone numbers to gain access, and any problem areas you are concerned about. Arctic Snow will rely on this information to determine the equipment needed to service your site. Please call or email if you have any questions.

SITE INFORMATION

Site Name: _____
(Hereinafter the "Site")

Address: _____

Contact: _____

Role: _____

Phone: _____

Email: _____

After-Hours Contact: _____

Phone: _____

PLEASE COMPLETE SEPARATE FORMS FOR EACH SITE.

BUSINESS INFORMATION (check box if same as Site)

Client Name: _____
(Hereinafter the "Client")

Address: _____

Contact: _____

Role: _____

Phone: _____

Email: _____

Documentation Email: _____

Billing Email: _____

OUR OFFICE WILL CONFIRM BILLING PROCEDURES ON SIGNING.

<p>SITE SPECIFICS <i>(check all that apply)</i></p> <p>SHOPPING CENTRE <input type="checkbox"/> Large (300+ cars) <input type="checkbox"/> Medium (100–299) <input type="checkbox"/> Small (<100)</p> <p>ROOF PARKADE STRIP MALL <input type="checkbox"/> Large (100–299) <input type="checkbox"/> Medium (<100) <input type="checkbox"/> Small (<100)</p> <p>OFFICE WAREHOUSE <input type="checkbox"/> Building (Tower) <input type="checkbox"/> Office & Warehouse <input type="checkbox"/> Industrial</p> <p>RESIDENTIAL <input type="checkbox"/> Tower Apt. <input type="checkbox"/> Low-Rise Apt. <input type="checkbox"/> Townhouse Complex</p> <p>COMMUNITY SERVICES <input type="checkbox"/> Hospital/Medical <input type="checkbox"/> Medical Offices <input type="checkbox"/> Seniors' <input type="checkbox"/> Church <input type="checkbox"/> School <input type="checkbox"/> Daycare <input type="checkbox"/> Community Centre <input type="checkbox"/> Other: _____</p> <p>RESIDENTIAL <input type="checkbox"/> Tower Apt. <input type="checkbox"/> Low-Rise Apt. <input type="checkbox"/> Townhouse Complex</p> <p>ESTIMATED VEHICLE LOT CAPACITY _____ <i>Additional information can be provided as needed.</i></p>	<p>HOURS OF OPERATION _____</p>
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SERVICE REQUIREMENTS
(check all that apply)

DAYS REQUIRED
 7 days/wk. M Tu W Th F Sa Su

SIDEWALKS
 Interior (width: _____ ft.) City (width: _____ ft.)

HAZARDS
 Curbs Speed Bumps

OTHER FEATURES
 Ramps Loading Bays Stairs

SECURITY
 Onsite Remote Lockbox Alarm Gates
 Key required Code required Call for Access
 Notes: _____

SERVICE OPTIONS
 Priority (1–2 inches) Regular (>2 inches) Brine

SALTING SERVICE IS AUTOMATIC
We do not provide on-call service without a waiver of liability.

NOTES

Send completed form as an email attachment to the address at the top of the page.

Any additional details or questions can be included in the email. Our staff will follow up as necessary to ensure that we have all information necessary to prepare a quote for your site. Surcharges may apply to strata properties not represented by a property management company.