



**Drywall Sample Form**

***Contact Info:***

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Apt:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_

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***Sample Information:***

1. **Location:**  Address same as above

**Address:** \_\_\_\_\_ **Apt:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Room:** \_\_\_\_\_ **Wall / Ceiling:** \_\_\_\_\_

- Single Family Home**     **Condominium / Apt**     **Business**     **Other**

2. **Year building constructed or renovations performed:** \_\_\_\_\_

3. **Reasons for testing:**

- |  |   |
|--|---|
| <input type="checkbox"/> Health Concerns           | <input type="checkbox"/> Brass/Copper/Silver Corrosion Observed |
| <input type="checkbox"/> Sale of Building          | <input type="checkbox"/> Air Conditioner or Appliance Failure   |
| <input type="checkbox"/> Smell / Odor              | <input type="checkbox"/> Lawsuit                                |
| <input type="checkbox"/> Timeframe of Construction | <input type="checkbox"/> Other _____                            |

4. **If for a lawsuit, please note plaintiff(s) & defendant(s):** \_\_\_\_\_

\_\_\_\_\_  
*(Note that if test results are to be used as part of a lawsuit, the client must disclose the identity of all parties involved. This information will be kept strictly confidential.)*