



Survey Work Order Form

ALTEA, LLC
LAND SURVEYORS
4151 MEXICO ROAD
ST. PETERS, MO 63376
Tel. 636-336-2720
contactus@alteams.com

Property Owner: _____

Property Address: _____

I (we), the undersigned, hereby authorize ALTEA, LLC (ALTEA) to perform the type of survey indicated below. I (we) understand that ALTEA will perform the survey in accordance with the property description provided by the authorizing party or their agent. If the survey is to be executed without the benefit of a current title examination or no property description is provided, ALTEA will obtain a copy of a recorded deed using tax assessment or other information, in which case, the undersigned agrees to hold ALTEA harmless from any resulting damages.

Please read carefully and indicate the type of service you wish to order.

- Elevation Certificate: This Certificate provides elevation information for use by the National Flood Insurance Program to ensure compliance with community floodplain management ordinances, to determine the proper insurance premium rate. If you have received a flood zone determination indicating that the structure on a property is in a Special Flood Hazard Area, this type of service may support a request for a letter of map amendment.**

- Boundary Survey: A Boundary Survey of the subject property will be made and the property corners will be located and verified or reset. This survey can be used by the property owner(s) for the construction of a fence or other improvements. This type of survey will comply with the “Minimum Standards for Property Boundary Surveys” for the State in which the subject property is located.**

I (we), the undersigned, have read, understand and have indicated the type of service desired and hereby authorize the work to be performed.

The undersigned (Client) agrees to compensate ALTEA for the professional services described above. Client agrees to pay all collection fees, court costs, attorney’s fees, or any other expense involved in the collection. In the event that ALTEA submits this Work Order to its attorneys for collection against Client, then Client agrees to pay for all reasonable attorney’s fees and court costs.

Printed Name of Authorizing Party

Signature of Authorizing Party

Date

Current Address: Number & Street _____
of Authorizing Party City, State and Zip _____

Interest in property to be surveyed (owner, tenant, buyer) : _____