

9/27/01

«Company»
 «Address1»
 «City», «State» «Zip»

Sanding/Salting Clarification of Service Level Desired

Dear Customer;

In order to help to help us accurately pinpoint the level of service that you desire, we have created this check list. Please take a few moments and read the different levels of sanding and/or salting service that are available, note the level we provided last year and check off the level that you want for this upcoming winter. Return one copy in the enclosed self addressed envelope.

Level of Service Provided Last Year	Descriptions for Levels of Service	Check box for Level of Service Desired for Winter 1999-2000	
		Driving areas	Sidewalks
	Least Amount of Service		
<input type="checkbox"/>	Only provide sanding and/or salting if Pro Scapes Inc. is called by one of the authorized representatives listed below. No one else will have authority to order this service and have it billed to our account. Only provide sanding and/or salting to the areas directed by the authorized person at the time of the call.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Only provide sanding and/or salting if Pro Scapes Inc. deems that there is an <u>extremely severe ice storm</u> . This is the type of conditions where the ground is frozen and it begins to rain and freeze solid to the surface, creating a sheet of solid ice, or if Pro Scapes Inc. is called by one of the authorized representatives listed below.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provide sanding and/or salting if Pro Scapes Inc. deems that it is <u>unusually</u> icy or slippery over the <u>majority</u> of the paved area on our site, or If Pro Scapes Inc. is called by one of the authorized representatives listed below.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provide sanding and/or salting if Pro Scapes Inc. deems that there are <u>some</u> icy or slippery spots on the site. Many times if plowing is performed, sanding and/or salting will also be performed, or if Pro Scapes Inc. is called by one of the authorized representatives below.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provide sanding and/or salting <u>most</u> times that snow plowing is performed as a preventive measure against accidents and injuries. Only withhold sanding and/or salting if complete meltdown has been forecast and appears imminent.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provide sanding and/or salting <u>almost every</u> time that snow plowing is performed as a preventive measure against accidents and injuries. Only withhold sanding and/or salting if complete meltdown has been forecast and is in progress.	<input type="checkbox"/>	<input type="checkbox"/>
	Most Amount of Service		

Persons authorized to request sanding and/or salting services for our organization:

Please list names and phone #s: _____

Acceptance:

As an authorized representative of this organization, I request that Pro Scapes Inc. provide sanding and/or salting service as indicated above. Any services provided will be paid for according to the terms of our existing contract. This agreement is in addition to and not in place of the existing contract. All the services, terms and conditions set forth in the existing contract continue to apply as well as those on **both** sides of this agreement.

Sign Here _____

Date _____

Print Name _____

Title _____