

# SURVEY GROUND ZERO

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## AERIAL PHOTOGRAPHY / SURVEY REQUIREMENTS

FOR US TO PROVIDE YOU WITH EXCELLENT UNSURPASSED AND ACCURATE SERVICE  
PLEASE COMPLETE THIS FORM AS ACCURATE A POSSIBLE

COMPANY / ENTITY \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_  
PHYSICAL ADDRESS: \_\_\_\_\_  
SUBURB: \_\_\_\_\_  
TOWN / CITY: \_\_\_\_\_  
POSTAL CODE: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_  
FAX NUMBER: \_\_\_\_\_  
CELL NUMBER: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_

## YOUR AERIAL PHOTOGRAPHY / FILM REQUIREMENTS:

PLEASE GIVE US A SHORT BUT DETAILED DESCRIPTION

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

## LOCATION AND ADDRESS WHERE SERVICES ARE REQUIRED:

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

## CONTACT PERSON DETAILS ON SITE:

CONTACT DETAILS: \_\_\_\_\_

DATE SERVICES REQUIRED: \_\_\_\_\_ TIME REQUIRED: \_\_\_\_\_

PERSON REQUESTED: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_