



Commercial Project Questionnaire

CONTACT INFORMATION

Business Name: _____

Mailing Address: _____

Name: _____ Function/Title: _____

Office #: _____ Cell #: _____

Email: _____

PROJECT INFORMATION

Project Address/Location: _____

Type of Space: Office Warehouse Retail Other _____

Type of Service: Renovation Remodel New Construction

Briefly describe the project; Include any specific requirements/requests.

Desired Start Date: _____ Desired End Date: _____

Budget Range: \$ _____ to \$ _____

Complete and email this form to: shoran@erc-tx.com

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