



**COMMERICAL SNOW REMOVAL  
INQUIRY FORM**

Company Name: \_\_\_\_\_

Customer Email Address: \_\_\_\_\_

Main Contact Legal Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Secondary Contact Legal Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Physical Service Address: \_\_\_\_\_

City

Province

Postal Code

Mailing Address: \_\_\_\_\_

(If different from above)

Hours of Operation: \_\_\_\_\_

Previous Snow Contractor \_\_\_\_\_

Reason of Change: (Optional) \_\_\_\_\_

Expectation: (Optional) \_\_\_\_\_

**What are the services you require? Check ONLY the following that applies.**

☐ **Parking Lot Snow Removal**

☐ *Seasonal or* ☐ *Monthly or* ☐ *Per event*

(Monthly and Seasonal have automatic trigger snowfall of 3.5cm)

If Per Event, Choose your Trigger Snowfall ☐ 3.5 cm or ☐ 5cm

☐ **Snow Hauling**

☐ **Salts spreading** \*\* Keeping parking lot down to pavement and reduce compacted snow and ice

☐ **Sanding**

☐ **Walkways/ Sidewalk, Front Entrances, Emergency Exit Snow Removal**

☐ **Side Walk Salt Bin(s)** How many Entrance: \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE RETURN THIS TO [INFO@APOLLOPROPERTYMAINTENANCE.CA](mailto:INFO@APOLLOPROPERTYMAINTENANCE.CA) WITH **MAP LAY OUT** OF THE PROPERTY IF POSSIBLE.  
IF YOU REQUIRE FURTHER ASSISTANCE PLEASE DON'T HESITATE TO ASK. WE ARE HERE TO HELP.