

# Mitchell & Associates, Inc.

TBPLS Firm Reg. # 100204-00

TBPE Firm Reg. # F-3241

102 N. College Street, Killeen, Texas 76540  
Phone (254) 634-5541 Fax (254) 634-2141

## Work Authorization Form

Date Ordered: \_\_\_\_\_

Ordered By: (Person/Company Responsible for Payment- MUST MATCH SIGNATURE BELOW!)

Name: \_\_\_\_\_ Company (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax#: \_\_\_\_\_

Name of Realtor/Agent (if different from above): \_\_\_\_\_ Realtor/Agent Phone # \_\_\_\_\_

Physical Address of Survey: \_\_\_\_\_ Is this a Refinance? Yes No

Job Address: \_\_\_\_\_ New Construction: (Please check one of the following)  
 Yes  No

### Legal Description:

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision Name: \_\_\_\_\_ Phase: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

\*If acreage survey, please fill in the following (Attach Current Deed):

\_\_\_\_\_ (#) Acres Name of Survey: \_\_\_\_\_ Abstract # \_\_\_\_\_

Description of Work: (Please check one of the following):

- Boundary & Improvements Survey  Form Check  Lot Stake  
 Elevation Certificate (Current Owner's Name: \_\_\_\_\_)  Other (Description of Work Below): \_\_\_\_\_

### Closing Information (if applicable):

Buyer: \_\_\_\_\_ Current Owner: \_\_\_\_\_ Closing Company: \_\_\_\_\_

Closing Date: \_\_\_\_\_ Date Needed By: \_\_\_\_\_

I understand that I and/or my company are responsible for the full payment of any and all charges associated with this work order. This authorization is to be governed by the laws of the State of Texas and venue shall be in Bell County. The undersigned agrees that, to the fullest extent permitted by law, the Firm's total liability to the Client for any and all injuries, claims, losses, expenses, damages or claim expenses arising out of this agreement from any cause or causes, shall not exceed the fee charged. Such causes include, but are not limited to, the Firm's negligence, errors, omissions, strict liability, breach of contract or breach of warranty. This work order form is to be approved by the Firm prior to any work being started. This agreement may be waived, abandoned, modified, amended, discharged or terminated only with a written instrument signed by both parties. This instrument contains the parties' entire agreement. There are no written or oral agreements that are not fully expressed in it. After completion of the work if the fee is not paid within 30 days then the amount owed shall accrue interest at the rate of 2 ½ percent interests per month. Estimates are given based on information provided by client.

**\*\*\*\*\*THE BELOW INFORMATION MUST MATCH THE ABOVE AND BE SIGNED BY THE PERSON THAT ORDERED THIS SURVEY!\*\*\*\*\***

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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