



STORM SAFE
Structural Glazing Inspections



Work Order Request

From:

To: TSSA Storm Safe, Inc.

Name of Project: _____

Inspection Location: _____

Dwelling type: (Please circle all that apply below)

Single Family home / Town house / Villa / multi unit walk up / high rise / Store
Front / Commercial property / other: _____

Project description: (I.E. - # of buildings, units, Common Areas, etc)

160 SW 12th Ave Suite # 106 Deerfield Beach, Fl 33442

O * 800-627-9154 F * 561-487-5062

<http://www.tssa-stormsafe.com> info@tssa-stormsafe.com



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Contact at Project Location: (I.E. - HOA Board Member, Chief adjuster on project, Building / maintenance director)

Name: _____ Phone # _____

Contact at Client office: (Public Adjuster, Lead Council, Para Legal, etc)

Name: _____ Phone # _____

Name of Storm Event: _____

Date of Loss: _____

Claim Number (if Applicable): _____

Additional Information:

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