



## ESTIMATE FORM

PLEASE FILL IN AND SEND IT BY MAIL OR FAX TO\*:

**Initram Impresa Italia S.r.l.**  
**Via Pian di Rona snc**  
**50066 REGGELLO (FI) - ITALY**  
**Fax n° 0039.55.866.23.23**

Surname, Name, Company: \_\_\_\_\_

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

Postal code: \_\_\_\_\_ City: \_\_\_\_\_

Country: \_\_\_\_\_

Phone n°: \_\_\_\_\_ Fax n°: \_\_\_\_\_

e-mail: \_\_\_\_\_@\_\_\_\_\_

Facility location: \_\_\_\_\_

Facility surface: \_\_\_\_\_ m<sup>2</sup>      Persons equivalent: \_\_\_\_\_

Type of wastewater (*residential building, hotel, restaurant, winery, kennel, etc.*):

\_\_\_\_\_

Notes:


I agree to the treatment of the data contained in this form for the estimate purpose.

(readable signature)

\_\_\_\_\_