



# TTES

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## SAMPLE DROP-OFF INFORMATION

Date: \_\_\_\_\_ Time: \_\_\_\_\_

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

Email Results To: \_\_\_\_\_

Client Contact: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Address for Invoice: \_\_\_\_\_

\_\_\_\_\_

Material: \_\_\_\_\_

Project: \_\_\_\_\_

Sampled By: \_\_\_\_\_ Date: \_\_\_\_\_

Pit Location / Name: \_\_\_\_\_

Testing Requested: \_\_\_\_\_

Specifications for Testing (MIT, City, Etc.): \_\_\_\_\_

Rush Service Requested?

Additional Notes: