

Symmetry of Space
Assessment Visit/Working Agreement

Name: _____
Date: _____
Address: _____
Phone: _____
Email: _____

Estimate of work schedule:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
	Totals: _____

Hourly and package rates:

Tips to get started:

Plan of action:

Working agreement:

I (We) _____ agree to have Symmetry of Space organize according to the schedule outlined and for the rate listed above. I must pay in two installments, first half due at first visit and second half due at final visit. I must call 24 hours ahead of time to reschedule any set date. If for any reason I decide to stop services I acknowledge that I will not be refunded for any prior work and will have to pay up to the last date services were received. **Signature:** _____