



Texas Home Modification Services, LLC

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www.thms-texas.com

Modification Request Form

This form may be found at: <http://www.thms-texas.com/>

Referral Checklist

- Please complete this form and return by email or fax.
- THMS Construction will schedule an appointment upon receipt of request. Upon completion, estimate will be returned by email or fax, to requestor.

Individual Information (Individual requiring modifications)

Name: _____

Date of Birth: _____

Location Address: _____

Phone: _____

City, State Zip: _____

Alt Phone: _____

E-mail: _____

Sender Information (If different from individual above)

Name: _____

Date: _____

Relationship: _____

Phone: _____

E-mail: _____

Fax: _____

Modifications Requested

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Ramp – Wood | <input type="checkbox"/> Grab Bar(s) - Shower | <input type="checkbox"/> Floor Repair – Kitchen | <input type="checkbox"/> Pedestal Sink |
| <input type="checkbox"/> Ramp – Modular | <input type="checkbox"/> Grab Bar(s) – Commode | <input type="checkbox"/> Floor Repair – Bathroom | <input type="checkbox"/> ADA Commode |
| <input type="checkbox"/> Bathtub/Shower Conversion | <input type="checkbox"/> Door Widening | <input type="checkbox"/> Floor Repair – Other (Explain) | <input type="checkbox"/> Other (Explain) |

Other: (Please Describe)

Additional Information