

# CHANGE ORDER REQUEST FORM



**NAME**

**ADDRESS**

**PHONE**

**EMAIL**

**CHANGE ORDER DESCRIPTION**

**CHANGE ORDER COST**

**CUSTOMER SIGNATURE**

**DATE**

**FOXSCAPES SIGNATURE**

**DATE**

The customer agrees to the change of the design or the additional work and the additional cost will be reflected on the final invoice. The customer must sign a change order form before the work is approved and performed.

