

CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss	Kati	Rulapaugh	
MR./MRS./MISS	FIRST NAME	LAST NAME	
785-463-7829		785-219-7724	
CONTACT NUMBER		ALTERNATE NUMBER	
	COMPANY DATA I	BASE	
• 1 - 1 - 1 - 1	Loska Property		
i.rulapaugh@hotmail.com EMAIL ADDRESS	Inspections Inc COMPANY NAME	- website url	
699 Atlantic Ave			
Address			
San Diego	CA	92115	
City	State	ZIP Code	
Operators of Nonresidential Bu	ildings		
SIC DESCRIPTION			
6512		Independent	
SIC CODE		ENTITY TYPE	
\$1,000,000 to \$4,999,999		706,499.99	
COMPANY SALES		REVENUE (USD)	
San Diego		YES	
COUNTRY/REGION		MEDICAL INSURANCE	
Q		<u>e</u>	
US Hwy 1 S, Saint Augustine, F Dr S, Saint Augustine, FL 3208		d +1 (904) 117- 1782	