

Green Group Logistics Online Site Assessment Request Form

Circle What is Applicable to your Business Type:

Grower | Laboratory | Processor | Dispensary

Requestor Please provide the following Details:

Date of Request: _____ Assessment Scheduled: _____

OMMA License: _____
(Green Group will only provide services to an Oklahoma OMMA registered business).

Location of Assessment: (If multiple Locations Specify)

Address 1: _____

Address 2: _____

Size of Facility (Floors, Sf): _____

Is location Operational : YES NO (If No, Date of Opening): _____
(Circle One)

Assess to Determine:

- | | |
|---------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Perimeter Fencing | <input type="checkbox"/> Armed Officers |
| <input type="checkbox"/> Perimeter Lighting | <input type="checkbox"/> Remote Monitoring |
| <input type="checkbox"/> Ramming Protection | <input type="checkbox"/> Alerts/Panic |
| <input type="checkbox"/> CCTV | <input type="checkbox"/> Control Entry |
| <input type="checkbox"/> Vaults/Safe Rooms | <input type="checkbox"/> Funds Kiosk |
| <input type="checkbox"/> Safety Plan | <input type="checkbox"/> Security Operational Procedures |
| <input type="checkbox"/> Staff Training | <input type="checkbox"/> Security Compliance Consulting |

REQUESTING AUTHORITY By signing below you confirm authority to request such services. This is simply a request for services were a price quote will be provided upon signed receipt of Non-disclosure Form and scheduling of assessment.

Name of Requestor: _____ Ph. # _____

Position: _____

Signature _____ Date: _____