

Inspection Order

DATE OF ORDER: _____

REPORT NUMBER: _____

CLIENT INFORMATION

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Phone: _____
Email: _____

INSPECTION INFORMATION

INSPECTION ADDRESS: _____
INSPECTION DATE: _____ INSPECTION TIME: _____
Subdivision: _____
Directions if new: _____
Square Footage: _____
Approximate Age: _____
Style of House (# of Floors): _____
Basement, Crawl Space or SOG: _____
Attending Inspection: _____
Inspection Fee: _____
Request Full Inspection: _____
Request Radon Test: _____
TOTAL FEE: _____

Comments: (Preferred date, closing date, etc.) _____

REALTOR INFORMATION

Buyer's Agent

Name: _____
Company: _____
Address: _____
City, State, Zip: _____
Phone: _____
Phone: _____
Email: _____

Seller's Agent

Name: _____
Company: _____
Address: _____
City, State, Zip: _____
Phone: _____
Phone: _____
Email: _____

Preferred Method of Report Delivery (Delivered or From Website): _____