

CLIENT/CUSTOMER INFORMATION SHEET

Client Name(s): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Fax: _____ Cell: _____

Address of Home To be Inspected: _____

City: _____ State: _____ Zip: _____

Description of Property: Single Story: _____ 2 Story: _____ Duplex: _____
Other: _____

Swimming Pool and SPA (In-ground): _____ check X all that apply.
Mark =Unk for Unknown

Property Occupied: _____ How many bedrooms: _____

How many bathrooms: _____ How many kitchens: _____ How many fireplaces: _____

Garages: Attached: _____ Detached: _____ Carport: _____ Balcony: _____

Attic Access: _____ Finished basement: _____ Sub-floor Crawlspace: _____

Public utilities: Water _____ Sewage: _____ Septic: _____

Other: _____

All utilities on at day of inspection: Electrical, Gas and Water.

Any specific areas of concern: _____

Date Inspection requested: (recommend five days advance notice): _____

Time: _____ Real Estate Firm: _____ Ph: _____

Agent: _____

Source of referral: _____

Method of payment: Cash Amt: _____ Check# _____ Amt: _____

(Payment to be received at inspection site, prior to inspection)