

Top 2 Bottom Real Estate Inspectors

TEL: 281-565-INSPEct (4677)

FAX: 281-240-9724

Client Name: _____ **Will you be present at inspection?** ___y___n

CLIENT CONTACT INFO:

HM: _____ **FAX:** _____

WK: _____

CELL: _____

Email: _____

Referred by: _____

ADDRESS OF PROPERTY TO BE INSPECTED:

Subdivision _____ **City:** _____

SQ.FT. Including garage: _____ **X \$10.00 PER 100** = _____

YEAR BUILT: _____ **ADD \$5.00 EA. YEAR OVER 20 YRS** = _____

PIER & BEAM FOUNDATION ___Y___N (if yes add \$75.00) _____

POOL ___Y___N (if yes add \$100.00) _____

SPA ___Y___N (if yes add \$50.00) _____

OUTBUILDINGS ___Y___N (if yes \$50.00 min.) _____

WELL WATER TEST ___Y___N (if yes add \$75.00) _____

SPRINKLER SYSTEM ___Y___N (if yes add \$40.00) _____

RE-INSPECTION ONLY ___Y___N (if yes \$100.00 min.) _____

Are utilities on? Water: _____ **Gas:** _____ **Electricity:** _____

Appliances Staying w/ House? Please list _____

Arrange termite inspection (WDI) inspection? ___Y___N

Arrange Septic system inspection? ___Y___N

Please insure that the property is accessible for inspection during the time and date agreed to below. All utilities must on to enable a complete inspection.

Quote: \$ _____

Date/Time of Inspection: _____