

REAL ESTATE INSPECTION NETWORK

PO Box 114, Creston, NC 28615

SID@REINSPECTION.NET

336 385 1758/336 385 1586 fax

INSPECTION ORDER FORM

Client First/Last :

REPORT #: INSPECTOR USE ONLY

Client Address :

Work/Day Phone: -

City/State/Zip :

Home/Eve Phone: -

Other #:

Order Date :

Ordered by:

Payment : On Receipt of Report----or-----At Closing

Referred By:

Schedule Date :

Time:

Property Description :

of units:

Age:

Square Footage:

Slab

Additions /Alterations:

Roof age:

Air Conditioning:

Bedrooms:

Previously Inspected :

Occupied: Yes or No

Utilities: Must Be On

of Baths:

Fees :

Base Fee:

Additional Services :

Radon: Yes/No

Mold: Yes/No

Water Test: Yes/No

Property Address :

Map Coordinate:

City/State/Zip :

Subdivision:

Owner/Tenant :

Eve. Phone: -

Cross Street :

Day Phone: -

DIRECTIONS :

Attending (Planned):

Buyers Agent :

Work Phone: -

Office :

Res. Phone: -

Address :

Fax #: -

City/State/Zip :

Other #: -

Sellers Agent :

Work Phone: -

Office :

Res. Phone: -

Address :

Fax #: -

City/State/Zip :

Other #: -

Special Instruction :

Inspection Set-Up :

Confirmation Prior : w/ Buyer's Agent w/ Seller's Agent w/ Client

INSPECTOR : **Alstad**

INSPECTION FEES:

FOR INSPECTOR'S USE

Payment Type:

TIME

MILEAGE

Start:

Start:

Signed Contract:

Finish:

End:

Closed Date:

Total:

Hrs.

Total:

Date Paid:

ADDITIONAL SERVICES:

TOTAL FEES:

SUB TOTAL:

PAYMENT:

TOTAL DUE:

ACTUAL ATTENDEES

Client Buyer's Agent Seller's Agent Seller