



HAVASU HOME INSPECTION COMPANY

No Inspection will be completed until Home Inspection Contract has been received

INSPECTION INFORMATION FORM

HOME & TERMITE INSPECTION: _____ **HOME INSPECTION ONLY:** _____ (CHECK ONE)
INSPECTION(S) ORDERED BY: _____
DATE OF INSPECTION(S): _____
ADDRESS OF INSPECTION(S): _____
TITLE COMPANY: _____
ESCROW OFFICER: _____ ESCROW#: _____ CLOSING DATE: _____

BUYERS FULL NAME: _____
SELLERS FULL NAME: _____
BUYERS ADDRESS: _____
BUYERS PHONE#: _____
FAX#: _____
EMAIL: _____

REALTORS NAME: _____ **AGENCY:** _____
REALTORS PHONE#: _____ **FAX #:** _____

ACCESS FOR INSPECTION(S):

_____ **INITIAL:**
IF BUYER &/ BUYERS AGENT GIVES PERMISSION TO RELEASE INFO OR COMPLETED INSPECTION TO SELLER &/OR SELLERS AGENT.

SQ FOOTAGE OF RESIDENCE: _____ **POOL:** _____ **SPA:** _____ (YES/NO)
****REPORT TO BE DELIVERED TOO:** _____
*** EMAIL REPORT TOO:** _____

****IMPORTANT**TO FULLY COMPLETE A HOME INSPECTION UTILITIES MUST BE TURNED ON****

ARE ALL UTILITIES TURNED ON? YES _____ NO _____
IF NOT, WHEN WILL THEY BE TURNED ON? _____

ADDITIONAL NOTES:
