

Inspection Work Order

Price Quoted: _____

Todays Date: _____

Property Information

Inspection Address: _____ City: _____ Zip: _____

Inspection Date: _____ Time: _____ Property Type: _____

Property Size (sq. ft.) _____ Age: _____ Garage: Y / N Attached: Y / N

Vacant: Y / N Access Provided by: _____ Will Client be Attending: Y / N
(if not get billing address below)

Utilities on: Y - N - ? Fuel/ Gas: Y - N - ? - N/A Type: Nat. LP Oil

Space below grade: Basement _____ Crawlspace _____ None (Slab) _____

Inspection Ordered By: Client _____ Selling Agent _____ Other _____

People Involved

Client Name _____ **Selling Agent** _____

Current Address _____ Bus/ Office _____

City _____, ST: _____ Zip _____ City _____, WA. Zip _____

Phone# _____ Phone# _____

Email Address _____ Email Address _____

Listing Agent _____ **Owner** _____

Bus/ Office _____ Phone# _____

City _____, WA. Zip _____ Email Address _____

Phone# _____

MLS BEING FAXED?? YES NO
Our fax # 360-786-0517