



INSPECTION REQUEST FORM

(ALL FIELDS MUST BE COMPLETED IN ORDER TO SCHEDULE INSPECTION(S); WE WILL CONTACT YOU TO SCHEDULE) (IF NECESSARY TO CANCEL INSPECTIONS AFTER SCHEDULED PLEASE DO SO IN WRITING/EMAIL TO AVOID FEES)

PLEASE EMAIL: allstar_construction@live.com /or FAX TO 209-677-3397

PROPERTY ADDRESS: _____ CITY: _____

ORDERED BY: _____ PHONE: _____

PLEASE ATTACH COPY OF MLS FOR PROPERTY

INSPECTIONS REQUESTED:

HOME	PEST	ROOF
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YEAR BUILT: _____ APPROX. SQUARE FOOTAGE: _____ VACANT : YES NO

DETACHED STRUCTURES: NO YES, PLEASE DESCRIBE _____ INSPECTING NO YES

SEWER: SEPTIC DISTRICT WATER: WELL DISTRICT

FOUNDATION: SLAB POST & PIER

EXTERIOR: STUCCO WOOD

MOBILE MANUFACTURED HOME

Electricity On? Yes No

Water On ? Yes No Note: If requested for Allstar to turn on the water, property owner must sign here releasing Allstar Construction and Pest Management and Allstar Inspections from any liability for any damage caused from turning water on/off at the above named property. Allstar will not winterize the plumbing at time of inspections.

Owner Signature: _____ Date: _____

LISTING AGENT/BROKER: _____ PHONE# _____

SELLERS NAME & CONTACT INFO: _____

BUYERS AGENT/BROKER: _____ PHONE# _____

BUYERS NAME & CONTACT INFO: _____

WHO IS RESPONSIBLE FOR THE INSPECTION FEE? _____

IS ALLSTAR AUTHORIZED TO BILL ESCROW DIRECTLY: YES NO

ESCROW INFO : _____

SEND REPORTS TO: _____

HOW WILL WE GAIN ACCESS? PICK UP KEYS AT: _____ MEET THERE

COMBO/LOCK BOX: _____ CALL FOR ONE DAY CODE: _____

OTHERS TO BE PRESENT?: _____

NOTES: _____