

A Sound Mind Home Inspections

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INSPECTION ORDER FORM

Client First/Last :

Client Address :
City/State/Zip :

REPORT #:

Work/Day Phone: -
Home/Eve Phone: -
Other #:

Order Date :

Payment :

Ordered by:

Referred By:

Schedule Date :

Time:

Property Description :

Slab

of units:

Age:

Square Footage:

Additions /Alterations:

Roof age:

Air Conditioning:

Bedrooms:

Previously Inspected :

Occupied:

Utilities:

of Baths:

Fees :

Base Fee:

Pool/Spa Fee :

Age Fee :

Additional Services :

Termite Fee :

Age Fee :

Pest Fee :

Radon Fee :

Crawlspace Fee :

Mold Fee :

Property Address :

City/State/Zip :

Owner/Tenant :

Cross Street :

DIRECTIONS :

Map Coordinate:

Subdivision:

Eve. Phone: -

Day Phone: -

Attending (Planned):

Buyers Agent :

Office :

Address :

City/State/Zip :

Work Phone: -

Res. Phone: -

Fax #: -

Other #: -

Sellers Agent :

Office :

Address :

City/State/Zip :

Work Phone: -

Res. Phone: -

Fax #: -

Other #: -

Special Instruction :

Inspection Set-Up :

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

INSPECTOR : **-Beau Petrone Inspector**

INSPECTION FEES:

PROPERTY INSPECTION

AGE FEE :

POOL/SPA FEE :

ADDITIONAL SERVICES:

TOTAL FEES: _____

G.E.T. _____

SUB TOTAL: _____

PAYMENT: _____

TOTAL DUE:

\$0.00

FOR INSPECTOR'S USE

Payment Type:

TIME

MILEAGE

Start:

Start:

Signed Contract:

Finish:

End:

Closed Date:

Total:

Hrs.

Total:

Date Paid:

ACTUAL ATTENDEES

Client Buyer's Agent Seller's Agent Seller