

**ALLEN - MADOKORO  
HOME INSPECTION REQUEST**

Jim Allen (951) 660-4568 - Richard Madokoro (909) 831-8780

**HOME INSPECTION ORDER REQUEST**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date Needed By: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: California Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

FAX: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Inspection Ordered By: \_\_\_\_\_

PAYMENT INFORMATION	
<input type="checkbox"/>	C.O.D. ( Cash - Money Order )
<input type="checkbox"/>	Credit Card (\$10.00 Processing Fee)
<input type="checkbox"/>	

**PROPERTY INFORMATION**

Address: \_\_\_\_\_ APN #: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Cross Street: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Owner: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Bedrooms: \_\_\_\_\_ Bath: \_\_\_\_\_

**APPOINTMENT INFORMATION**

Date:		Fee:
Day:		
Time:		

PROPERTY TYPE		
<input type="checkbox"/>	SFR	PUD
<input type="checkbox"/>	Condo	Units (2-4) Only
<input type="checkbox"/>	Other:	Commercial

TYPE OF INSPECTION	
<input type="checkbox"/>	Site Inspection
<input type="checkbox"/>	Drive-By Inspection
<input type="checkbox"/>	Other:

**CONTACT / ACCESS INFORMATION**

Contact Person	Name:
Owner	Name: _____
Tenant	Phone # : _____ Other #: _____
Selling / Listing Agent	Comments / Notes: _____
Other	Lock Box Code: _____

**PLEASE NOTE:** THE PURPOSE OF THE SIGNATURE OF AUTHORIZATION BELOW ENGAGES THE HOME INSPECTOR TO PERFORM A HOME INSPECTION OF THE ABOVE REFERENCED PROPERTY.

REQUESTED BY: \_\_\_\_\_ (Signature is Required)

Other Instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_