



# SURETY INSPECTION SERVICE

838 NC Highway 461

Ahoskie, NC 27910

Ph. (252) 209-4464 Fx. (252) 544-5179

[jim@suretyinspectionsservice.com](mailto:jim@suretyinspectionsservice.com)

## REQUEST FOR INSPECTION

**Instructions:**

1. Inspections are available Monday-Saturday.
2. Inspections are scheduled in the order received.
3. We will contact you within 24-hours to confirm your order.
4. Enter at least two dates.
5. Complete all entries on this form and include the MLS listing sheet, if possible.
6. Fax your request to **(252) 544-5179**. It isn't necessary to call first.

**Requested Dates:**

\_\_\_\_\_

*(Enter two dates or a "need by" date. If a "need by" date is entered, please identify as such.)*

**Client's Name:**

\_\_\_\_\_

**Current Address:**

\_\_\_\_\_

**Contact Numbers:**

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Inspection Address:**

\_\_\_\_\_

**Directions:**

\_\_\_\_\_

**Send Contract to:**

Buyers: \_\_\_\_\_ Agent: \_\_\_\_\_ (Contract must be signed before inspection.)

**Property:**

Age of Structure: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Vacant \_\_\_\_\_ Occupied \_\_\_\_\_ Utilities are: On \_\_\_\_\_ Off \_\_\_\_\_

**NOTE: To prevent damage to the unit, power to the HVAC system must be on for 24 hours before the inspection. All natural gas, propane and fuel oil valves must be in the "on" position. Circuit Breakers in the "off" position will be left in that position. For a nominal fee, we will visit the property on the day before the inspection to ensure everything is ready. Call for details.**

*If new construction:*

*Has Property passed Code Official's Final Inspection:* \_\_\_\_\_

*Has Certificate of Occupancy been received?* \_\_\_\_\_

*If not, when is it expected?* \_\_\_\_\_

**Occupant's Contacts:**

Name: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_ Other: \_\_\_\_\_

**Agent:**

\_\_\_\_\_

**Realty Firm:**

\_\_\_\_\_

**Telephone:**

\_\_\_\_\_ Mobile: \_\_\_\_\_

**Fax:**

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

**Closing Attorney:**

\_\_\_\_\_

**Law Firm:**

\_\_\_\_\_

**Telephone:**

\_\_\_\_\_ Fax: \_\_\_\_\_

**Closing Date:**

\_\_\_\_\_