Tri-State Home Inspections of Wheeling, LLC

Wheeling, WV 26003

304.238.4177

INSPECTION INFORMATION:

Date: _____ Inspection # _____

Client(s) name _____

_____

Home Phone # _____ Work # _____ Cell # _____

Address of Property to be inspected _____

_____

Approximate age of house _____ (Yrs) Style of house: _____

Inspection day weather: Precipitation _____ Temperature _____

House is: Vacant / Occupied House orientation: _____

Neighborhood description _____

Present during inspection: __ Buyer __ Buyers Agent __ Tenant

__ Seller __ Sellers Agent __ Other _____

Inspection start time: _____ Inspection finish time: _____

PAYMENT INFORMATION:

Services Provided: __ Home Inspection $ _____

__ Other _____ $ _____

__ Tax (WV) $ _____

Total $ _____

Paid in full: __ YES __ NO

Payment method: __ Cash __ Money Order __ Check # _____

CUSTOMER SIGNATURE: _____-_____

Date

PDF created with pdfFactory trial version www.pdffactory.com