



# WELL INSPECTION REQUEST

Date Received:

Requested Date:

Realty Company:

Time: **9:00 AM**  
(Call for Different Time)

Agent:

Fax:

Address:

E-Mail:

Phone:

Representing:

Cell:

Buyer                  Seller                  Both

Inspection Address:

Zip Code:

Title Company:

Escrow Closure Date:

Address:

Escrow #

Escrow Officer:

E-Mail:

Phone:

Fax:

Buyer:

Phone:

Seller:

Phone:

Billing: On site                  Escrow

Electricity On: Yes                  No

Storage Tank On-Site: Yes                  No

Well Inspection w/ Bacteria Sample:

Secondary Pump System Fee:

Escrow Processing Fee:

Additional Drive Time Fee:

Generator Fee:

**TOTAL INSPECTION COST:**

I, \_\_\_\_\_ (print name), certify that I am an authorized agent and have express authority to schedule a well inspection at the above referenced address on behalf of my client, \_\_\_\_\_ (client name). I understand that payment is due upon completion unless billed to escrow.

By Checking this box \_\_\_\_\_ I agree to all terms and conditions and that All the information provided is true and correct. I also agree to pay the amount listed in the "total inspection cost" Irregardless if escrow closes or not.