





NOTES:

(BILLING INFO MUST BE COMPLETED IN ORDER TO SCHEDULE INSPECTION(S); WE WILL CONTACT YOU TO SCHEDULE) (IF NECESSARY TO CANCEL INSPECTIONS AFTER SCHEDULED PLEASE DO SO IN WRITING/EMAIL TO AVOID FEES)

COMPANY MAILING ADD:	PLEASE EMAIL: allstar_cons	truction@live.com/or FAX T	O 209-677-3397	
P.O Box 1902 Twain Harte, CA 95383	PROPERTY ADDRESS:		CITY:	
ORDERED BY:	PHONE:		<u> </u>	
PLEASE ATTACH COPY OF ML	S FOR PROPERTY /	INSPECTOR REQUEST: (CHARLEY SANDRA	
HOME PEST ROOF FOUNDA	TION CHIMNEY SEWER SCOP		AIR SAMPLE LEAD ASBESTOS	
YEAR BUILT:APPR	OX. SQUARE FOOTAGE:	VACANT :YES N	10	
DETACHED STRUCTURES:	NO YES, PLEASE DESCR	IBEINSPE	CTING NO YES	
SEWER: SEPTIC D FOUNDATION: SLAB EXTERIOR: STUCCO MOBILE MANUFACTURED	WOOD	WELL DISTRICT		
REALTOR OPINION OF OVERALL CONDITION OF STRUCTURE: EXCELLENTGOOD FAIRPOOR				
LISTING AGENT:PHONE #:				
SELLER INFO:				
SELLER PHONE/EMAIL:				
BUYERS AGENT:	YERS AGENT:PHONE #:			
BUYERS NAME:				
BUYERS PHONE/EMAIL:				
INSPECTION FEE TO BE PREPA	AID, OR AT TIME OF INSPECTIO	N. REPORTS WILL NOT BE S	ENT OUT PRIOR TO PAYMENT.	
Cash Check Cr	edit card invoice requested	Venmo info requested	Zelle (phone 209-768-6896)	
SEND REPORTS TO:				
HOW WILL WE GAIN ACCESS?	PICK UP KEYS AT:	MEE	ET THERE	
COMBO/LOCK BOX: CALL FOR ONE DAY CODE:				
OTHER:				