



HOME INSPECTION INC.

# Fax Order Form

## PROPERTY INFO

Single Family

Townhouse

Condo  
(Circle One)

Commercial

Other

If Other: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

No. of Bedrooms: \_\_\_\_\_ No. of Baths: \_\_\_\_\_ Year Built: \_\_\_\_\_

## CLIENT INFO

1 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

2 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

## AGENT INFO

Agent Full Name: \_\_\_\_\_

Office Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## INSPECTION INFO

Desired Inspection Date: \_\_\_\_\_ Time: \_\_\_\_\_

Order Sent By: \_\_\_\_\_

**NOTES:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FAX TO: 847.926.4463**

**We will contact you back promptly to confirm this appointment.**

**Windy City Home Inspection, Inc.  
Office: 847.926.HOME  
Email: Office@windycityhome.com**

