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WDIR INFORMATION SHEET

If you would like to schedule please call our office or fill out the following form and fax to the above number

Date: _____ Date Needed by: _____

Sent by: _____ SettlementDate: _____

Structures to be inspected other than house: _____

PROPERTY INFORMATION

Street Address: _____

Development: _____

City, State, Zip: _____

ACCESS INFORMATION

Lockbox: Y N combo: _____ Y N Vacant Occupied
 Alarm: Y N code: _____ Y N Dog: Y N
 Basement: Y N Crawl Y N Slab Y N

BILLING INFORMATION

Buyer's Name: _____

Current Address: _____

City, State, Zip: _____

SELLER'S INFORMATION

Seller's Name: _____ Phone: _____

MAILING INFORMATION

Buyer's Agent: _____ Contact #: _____

Office: _____ Fax: _____

E-Mail: _____

Seller's Agent: _____ Contact #: _____

Office: _____ Fax: _____

E-Mail: _____

Attorney: _____ Phone: _____ Fax: _____

COMMENTS

