



## INSPECTION REQUEST FORM

1. Insurance Company/Client Name: \_\_\_\_\_
2. Claim#: \_\_\_\_\_
3. Adjust/Insurance Agent Name: \_\_\_\_\_
4. Bill to Address: \_\_\_\_\_
5. Client name: \_\_\_\_\_
6. Project Address: \_\_\_\_\_
7. Phone/Fax: \_\_\_\_\_
8. Email address: \_\_\_\_\_
9. Initial or Post Remedial Investigation: \_\_\_\_\_
10. Location of Impacted Areas: \_\_\_\_\_
11. Type of Environmental Assesment needed? \_\_\_\_\_
12. Cause for the problem? Mold Growth, Sewer backup, Water Leak, Demo Permit  
\_\_\_\_\_
13. Turnaround Time Needed: \_\_\_\_\_

Approval Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

\*\*\*Authorizes testing of property and agrees to pay inspection fee  
Payment is due upon receipt of service

Referred By: \_\_\_\_\_

