

COMPLETE WATER SYSTEMS SPECIALISTS, INC.

1200 S. CEDAR ROAD, SUITE 1A
NEW LENOX, ILLINOIS 60451

MAIN OFFICE (815) 485-4800

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INSPECTION QUESTIONNAIRE/ORDER FORM

Date _____

Property Owner: _____

Renter: _____

LOCATION: _____

Street City/State/Zip

*Subdivision/Township: _____

Occupied: Yes ___ No ___ If No, How Long? _____ If Yes, Lock Box # _____

Buyer Name: _____

Realtor Company: _____ R/E Agent: _____

Address _____

Street City/State/Zip

Phone: _____ Fax: _____ Cell/Pager: _____

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Law Firm Name: _____ Attorney _____

Address: _____

Street City/State/Zip

Phone: _____ Email/Fax: _____ Cell# _____

*FHA Loan Yes ___ No ___ Feasibility Letter: Yes ___ No ___

I Am Requesting a: Water, Well, & Septic Inspection {or} Well & Water Inspection {or} Septic Inspection

Schedule Appointment with: _____ Phone# _____

Closing Date: _____ Where at: _____

Payee: _____

Address: _____

Street City/State/Zip

PAYMENT IN FULL for Inspections is requested at time of service.