



## Odin Inspection Request form

Date \_\_\_\_\_ Agent/Representative Name \_\_\_\_\_

Client/Buyer Name \_\_\_\_\_ Client Organization/Company Name \_\_\_\_\_

### Client Information

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Inspection Address \_\_\_\_\_

CBS Code/Gate Code \_\_\_\_\_ Vacant/Occupied \_\_\_\_\_ Cross Streets \_\_\_\_\_

Type of inspection: Purchase/New Build/One year warranty/Maintenance/Other \_\_\_\_\_

SFT/YB \_\_\_\_\_ Spa/Pool \_\_\_\_\_ Termite YES/NO \_\_\_\_\_

Referral from \_\_\_\_\_ Date/Day of inspection \_\_\_\_\_

Start time - Wrap up time \_\_\_\_\_ Who's showing up: Client/Agent/Both \_\_\_\_\_

Agents Phone Number \_\_\_\_\_ Agents Email \_\_\_\_\_

