INSPECTION RELEASE



| Customer # | <u> </u> |
|------------|-----------------------|
| | (For office use only) |

| Today | 's Date: | Claim # to Reference: | | |
|---------|--|------------------------------------|-----------------------|--|
| Horse's | s Name(s) or Subject's Identity: | | | |
| Owner | ·'s Name(s): | | | |
| | Street Address: | | | |
| | City / State / Zip: | | | |
| | Home Phone: | Cell: | | |
| | Email Address: | | | |
| Persor | n in possession of the Subject Property: | | | |
| Locatio | n of Subject Property: | | | |
| | Street Address: | | | |
| | City / State / Zip: | | | |
| | Home Phone: | Cell: | | |
| | Email Address: | | | |
| | | | | |
| Best ti | me preferred to schedule Inspection? | (circle one) | | |
| Anytime | MonFri. during Regular business hours | MonFri. after 5pm | Weekends | |
| Please | initial: | | | |
| > | I give permission to American Horse Appraisals to enter property to inspect subject(s). | | | |
| > | I am authorizing American Horse Appraisals to verify all information / data | | | |
| > | I acknowledge and agree to pay additional charges if I need to reschedule appointment without advanced | | | |
| | r doknowiougo dira agroo to pay additional oral goo | ii i need to reschedule appointi | ment without advanced | |
| | 24-hour notice. | in rifleed to rescriedule appointi | ment without advanced | |