



624 Pierce Street
Twin Falls, ID 83301
208-733-4744 Magic Valley
208-726-5145 Wood River
208-736-0795 FAX
walkerws@mindspring.com

Customer # _____
Location ID # _____
Invoice # _____
For Office Use

Real Estate Inspection Request

We make every effort to complete service quickly, however, we may take up to two weeks to schedule and complete the inspection. Please request service well in advance of closing. Water samples take 3-42 days for lab results. Chlorination and flush requires 5 days minimum. Inspection requests due sooner than two weeks may incur a fee to be expedited. Missed appointments, incomplete/inaccurate directions, or lack of access to the site may incur an additional fee. The cost of the first report is included in the fee; additional or replacement copies cost an additional \$35.

Bill To: _____
Billing Address: _____
City/St/ZIP: _____
Phone: _____
email: _____

Title Company: _____
Realtor: _____
Agency: _____
Phone: _____
email: _____

Buyer (for our records): _____
Seller (for our records): _____
Who should we call for access? _____
Phone number for access? _____
Physical Address: _____
Closing Date: _____

Send Report To: (First copy free, additional copies \$35)
Name: _____
Address: _____
email: _____
FAX: _____

- Check if invoice will be paid at closing
Check if home is vacant
Check if home is winterized (indoor plumbing drained)

Directions to Property: _____

Work Requested: \$175 local \$275 remote

Local rate applies to the Twin Falls, Filer, Buhl, Jerome, and Kimberly areas, and other areas with about 30 minutes or less drive time from Twin Falls. If you're not sure, please give us a call!

- Check Pump, Motor, Controls, Pressure Tank (included)
Flow Test (included)
Location and Sanitary Evaluation of Wellhead (included)
Check for Leaks (included)
Coliform / E. coli / Basic potability (\$32)

- Expedited Service (\$100)
Chlorinate / Flush / Sanitize System (call for instructions)
Nitrate (\$36)
Nitrite (\$32)
Arsenic (\$50)
Lead (\$50)

Notes / Comments:

I authorize Walker Water Systems, Inc. to perform the work requested. I also agree to the charges above for services completed, and I agree to pay these charges in full upon receipt of invoice.

Signature: _____

Date: