



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!

- | | |
|--|---|
| <input type="checkbox"/> Check Pump, Motor, Controls, Pressure Tank (included) | <input type="checkbox"/> Expedited Service (\$100, plus additional lab test fees) |
| <input type="checkbox"/> Flow Test / Productivity (included) | <input type="checkbox"/> Chlorinate / Flush / Sanitize System (call for instructions) |
| <input type="checkbox"/> Location and Sanitary Evaluation of Wellhead (included) | <input type="checkbox"/> Nitrate (\$36) |
| <input type="checkbox"/> Check for Leaks (included) | <input type="checkbox"/> Nitrite (\$32) |
| <input type="checkbox"/> Coliform / E. coli / Basic potability (\$32) | <input type="checkbox"/> Arsenic (\$50) |
| | <input type="checkbox"/> Lead (\$50) |

Comments or Special Requests: _____

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: _____