



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

Water Samples and Flow Tests often take several days for lab results. While we make every effort to complete service quickly, we may take up to two weeks to schedule and complete the inspection. Please request service well in advance of closing. 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.

Responsible Party: \_\_\_\_\_
(This person will be paying the bill)
Billing Address: \_\_\_\_\_
City/St/ZIP: \_\_\_\_\_
Phone: \_\_\_\_\_ email: \_\_\_\_\_

Buyer (required): \_\_\_\_\_
Mailing Address: \_\_\_\_\_
City/St/ZIP: \_\_\_\_\_
Phone: \_\_\_\_\_ email: \_\_\_\_\_
Title Company: \_\_\_\_\_
Closing Date (required): \_\_\_\_\_

Realtor's Name (required): \_\_\_\_\_
Real Estate Agency (required): \_\_\_\_\_
Mailing Address: \_\_\_\_\_
City/St/ZIP: \_\_\_\_\_
Phone: \_\_\_\_\_ email: \_\_\_\_\_

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

Seller (required): \_\_\_\_\_

Is the System Winterized? Is the Home Vacant?

Property Location: \_\_\_\_\_

Directions to Property: \_\_\_\_\_

(Please give us good directions! If we can't find the location, we may charge a fee to schedule another trip.)

Work Requested:

Check for Expedited Service (for an additional fee, and sooner than 2 weeks)

- Location and Sanitary Evaluation of Wellhead
Check for Leaks
Check Pump, Motor, Controls, Pressure Tank
Water Samples (Potability)
Verify Water Provided to House / Irrigation
Chlorinate / Sanitize System
Flow Test (Productivity)
Other:
Other:

Notes / Comments:

I, the Responsible Party, 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: \_\_\_\_\_