



REQUEST INSPECTION FORM

Please print and fill out the following form. We will be in touch with you shortly.
*Required Field

CONTACT INFORMATION

REAL ESTATE AGENT

FIRST NAME* _____ LAST NAME* _____

COMPANY* _____

PHONE* _____ EMAIL* _____

HOMEOWNER

FIRST NAME* _____ LAST NAME* _____

PHONE* _____ EMAIL* _____

Metro Retrofitting cannot retrofit a home without the homeowner's signature.

PROPERTY INFORMATION

PROPERTY ADDRESS* _____ UNIT #* _____

CITY* _____ STATE* _____ ZIP* _____

TYPE OF PROPERTY*

SALE TYPE*

- | | | | |
|--------------------------------------------------|---------------------------------------------|----------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Single Family Residence | <input type="checkbox"/> Apartment Building | <input type="checkbox"/> Standard Sale | <input type="checkbox"/> Short Sale |
| <input type="checkbox"/> Condominium | <input type="checkbox"/> Commercial | <input type="checkbox"/> REO | <input type="checkbox"/> Lease Inspection |

IS THE PROPERTY VACANT:

WHERE CAN WE PARK OUR METRO RETROFITTING VAN?

- Vacant Seller Occupied Tenant Occupied _____

IS THE PROPERTY IN ESCROW?* IF NOT IN ESCROW, WHO ARE WE BILLING? (Also New Escrow Officers)

- Yes No _____

HOW ARE YOU RELATED TO THIS PROPERTY? _____

ESCROW COMPANY _____ ESTIMATED CLOSING DATE _____

ESCROW NUMBER _____ ESCROW OFFICER _____

NO. OF STORIES _____ NO. OF BEDROOMS _____ NO. OF BATHROOMS _____ SQUARE FEET _____

YEAR PROPERTY WAS BUILT _____ LOCK BOX? Yes No LOCK BOX COMBINATION _____

LOCK BOX LOCATION (Detailed information please) _____

SERVICES REQUESTED

REQUESTED INSPECTION DATE (Metro Retrofitting will confirm within 24 hours) _____

SOONEST AVAILABLE DATE Soonest Available Date PREFERRED INSPECTION PERIOD Morning Afternoon

The Date/Time requested is subject to the availability of Metro Retrofitting's schedule.

ADDITIONAL COMMENTS: _____
