



Fax Order Form

Inspections Requested:

Site of Inspection: _____

Building Type: Single Family Condo Other _____

Sale Price: \$ _____ Age: _____ SF: _____

General Termite Radon Septic

Pump & Well (flow & performance) Water Test(s) Type(s) _____

Other Inspections: _____

Buyer Information:

Buyer Name: _____

Home Phone: _____

Address: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Will Buyer Be Present: _____

Payment Terms:

At Inspection - We accept personal check and cash

Requested By:

Name: _____

Office Number: _____

Office: _____

Cell Number: _____

Fax Number: _____

Fax Copy Report to: (name): _____

Email Copy Report to: (name & address): _____

Additional Information:

Listing Agent: _____

Office Number: _____

Listing Agency: _____

Cell Number: _____

Home Owner Name: _____

Phone Number: _____

Requested Date & Time of Inspection: _____

Deadline For Inspection Results: _____

FAX THIS FORM TO LANCASTER HOME INSPECTINS AT 717-872-2645

PROMPT ATTENTION WILL BE GIVEN TO YOUR REQUEST

THANK YOU FOR YOUR BUSINESS!

Lancaster Home Inspections, Inc.

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Chris Willig

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