



Alpha Inspections

Pre-Inspection Client Questionnaire

Client Name(s): _____ Date: _____

Phone (Cell) _____ Alternate Phone _____

Mailing Address: _____ City _____ Zip _____

Day and Time Home is to be Inspected? _____

How Did You Learn of Alpha? _____

Buyers Real Estate Agent: _____ Phone _____

Selling Real Estate Agent: _____ Phone _____

Home to be Inspected Information

• Home Address? _____ City _____ Zip _____

• Size in Square Footage of Home (Including Garage)? _____ Age of Home? _____

• Neighborhood & Cross Roads? _____

• Type of Foundation? Pier & Beam or Slab: _____ 1 or 2 story? _____

• Occupied or Vacant? _____ Any Pet's ? _____ Kept where? _____

• Electricity On/Off _____ Gas On/Off _____ Water On/Off _____ Other On/Off _____

• Pool / Spa / Sprinkler / Detached Buildings / Sheds ? _____

• Is there an Alarm System? _____ Is it armed and a code needed? _____

• Do you need a Termite Inspection? _____ Do you want Alpha to Schedule it? _____

• Is there any other information I should know about? _____
