

HOMEOWNER INCIDENT REPORTING FORM

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY AND RETURN TO THE OFFICE

Report No. _____ Date of Inspection _____
Property Owner _____ Date of Pre-Closing Inspection _____
Address _____ Date of Closing _____
City/State/Province _____ Date Moved In _____
Zip/Postal Code _____ List Price of Property _____ Sale Price _____
Tel. (Home) _____ Warranty/Service Plan Purchased? Yes No Date _____
Tel. (Business) _____ Warranty/Service Plan Company _____
Home Owner Policy # _____ Former Owner/Seller _____
Insurance Company _____ Seller's Current Address _____
Effective Date of Policy _____ City/State _____

1. Detailed Description of Incident/Condition: (Use reverse side of this form for any question as needed)

2. Was condition observable at time of inspection? Yes No Date you first became aware of the condition. _____

3. Did you learn of this condition any time prior to closing? **Yes No** If yes, how _____
4. Did Seller of property provide any type of Disclosure Form? **Yes No** If yes, was this condition identified? **Yes No**
5. Did you conduct a final or pre-closing inspection? **Yes No** Was condition visible at this inspection? **Yes No**
6. If no, why not? _____

7. If you did not notice the condition yourself, who first observed and apprised you of it? _____
8. Was any action taken on this condition prior to closing? **Yes No** After closing? **Yes No**
9. If yes, explain _____

9. Did other service providers perform any other inspections/services as part of the purchase process? **Yes No**
10. If yes, explain _____

11. Did you negotiate with Sellers based on any findings of the Home inspection? **Yes No**
12. If yes, how much did you negotiate and for what issues/items? _____

13. Please provide additional comments regarding your knowledge of the condition:

Provide contact information for any contractors, servicepersons or other individuals that have identified, inspected or done work related to the conditions/concerns reported above?

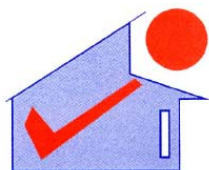
Name: _____ Address: _____ Tel: _____
Name: _____ Address: _____ Tel: _____

Their comments: _____

Did you obtain an estimate or proposal to correct condition? **Yes No** Date received: _____
Amount of Estimate/Proposal: _____ (Attach copies) has any work been done? **Yes No**
If yes, explain work done: _____

>>Signature of Homeowner: _____ Date: _____

Fax or mail form to: Facsimile 239-236-0678 or E-mail to robyndeville@earthlink.net



**HOMECHECK
SYSTEMS, INC.**