

Central Missouri Building Inspections

Chuck Beckum, Inspector

Phone/Fax 573-964-5888 Cell 573-434-9025

Email: cntrlmobldginsp@aol.com

Web site: www.lakeozarkinspections.com

Inspection Information Checklist

PLEASE RETURN WITH MLS & SELLER'S DISCLOSURE

Requested Inspection Date: _____

Selling Agent: _____

Type of inspections required:

- Structural/Mechanical Home
- Condominium Inspection
- Septic / Lagoon
- Private/Shared Well (required w/Septic)
- Water Test
- Termite
- Mold
- Radon
- Dock / Seawall
- Swimming Pool
- Outbuilding(s)

Company: _____

Office # _____

Cell # _____

E-mail: _____

Client Name & Address:

Property Address:

Phone: _____

Cell: _____

E-mail: _____

Square Footage: _____

Age of Home: _____

PAYMENT DUE AT TIME OF SERVICE

Property Owners Name:

Cash__ Check__ MC/Visa/Debit__
WE DO NOT BILL TITLE COMPANY

Home Occupied: _____

Closing Information:

Lock Box: _____

Title Company: _____

Listing Agent: _____

E-mail: _____

Company: _____

Phone/Fax: _____

Cell: _____