

NORWALK SALES COMPANY

2121 Maple Road

Joliet, IL 60432

PHONE: (815)726-3351 · FAX: (815)726-2945

WELL/SEPTIC INSPECTION ORDER FORM

ORDER PLACED BY: _____

CONTACT NAME: _____

PHONE: _____

FAX: _____

DATE OF ORDER: _____ CLOSING DATE: _____

INSPECTIONS REQUESTED (circle one): WELL SEPTIC BOTH

TYPE OF FINANCING (circle one): CONVENTIONAL FHA/VA

PIN NUMBER IF FHA/VA: _____

CONTACT NAME: _____ PHONE: _____

PROPERTY ADDRESS: _____

OWNER OR REPRESENTATIVE MUST BE PRESENT AT TIME OF INSPECTION.
WHO TO CONTACT TO SCHEDULE?

PHONE: _____

IS PROPERTY VACANT? YES / NO

IF YES, HOW LONG: _____

NOTES: _____

Contact Kathy for Well & Septic Inspection Assistance.

The information contained in this facsimile is intended only for the individual named above. If you have received this communication in error, please notify us by telephone. This communication is not intended to be a contract. Any information contained is not guaranteed accurate. We therefore advise you to check all items and specifications carefully before placing an order.