

Builders Indemnity Inspection Fax Request



Date: _____

From: _____

Address: _____

Phone: _____ Mobile: _____

E-mail: _____

Property Address:

_____ Suburb: _____

Full House Extension Single Storey Double Storey

Access Provided By:

Vendor Tenant Vendor Agent Vacant/Other

Details: _____

Vendor Details

Name: _____

Phone: _____ Mobile: _____

Date Report Required by: _____

Information to be Provided by Vendor:

1. Compaction Certificate
2. White Ant Certificate
3. Stamped Council Plans



AUSTRALIAN INSTITUTE OF CONVEYANCERS (WA DIVISION INC.)

Please Note: Houspect require payment prior to release of the Inspection Report

Fax to: (08) 9383 1457

Phone: (08) 9383 1043