

**CONTRACT/RECEIPT**

No. \_\_\_\_\_

Inspection Address: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Client(s) Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: Home \_\_\_\_\_ Business #: \_\_\_\_\_

Cell#: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**CONTRACT**

*I/we, the above named client(s) request an inspection of the inspection address noted above. The inspection is to be performed by the below noted inspector/inspection firm in accordance with industry accepted Standards of Practice.*

*It is important for the client(s) to understand that the inspection report is based on the limited visual inspection of the readily accessible aspects of the building. The report is representative of the inspector's opinion of the observable conditions on the day of the inspection. While this inspection may reduce your risks of home ownership, it is not an insurance policy, warranty or guarantee on the home. Neither the inspector nor the inspection firm will assume any risks related to this home's future performance, or lack thereof. This report is for the exclusive use of the contracted parties and may not be used by third parties without the prior written permission from the inspector/inspection firm.*

*I/we have read, understand and accept the terms & conditions as outlined here and on the page opposite this contract entitled "What You Should Expect From Your Inspection". I/we also understand that the inspector/inspection firm performing this inspection does not carry professional liability insurance (E&O insurance). The legal liability of the inspector, the company and its agents for damages, arising from action or inaction, however caused, is limited in amount to the fee paid for this inspection. Please initial here \_\_\_\_\_.*

*The Client(s), by signing below, agree to have read, understand and accept the terms of this contract.*

\_\_\_\_\_  
Client(s)/Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
If Client(s) is (are) represented, please print name of representative

**RECEIPT**

Base Fee \_\_\_\_\_ Inspector's Name (Print) \_\_\_\_\_

Other \_\_\_\_\_ Payment Form \_\_\_\_\_

Tax \_\_\_\_\_ Received By (Signature) \_\_\_\_\_

Total Fee \_\_\_\_\_

Company: **Haycroft Home Inspection**  
**Ph(905) 251 1996** **www.haycroftinc.com**  
**GST# 87455 8323 RT0001**