

# 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**