

**Pacific**  **Inspector**

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## ORDER FORM

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

Address of the property:

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Ordered By: \_\_\_\_\_ Phone # \_\_\_\_\_

Return Report Email Address:

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Address of returning a hard copy of Report to:

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Contact Person:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Payment:

Cash/Check \_\_\_\_\_ or Credit Card \_\_\_\_\_ (for credit card payment, please call our office to charge the credit card online).