



Request for Over-Time Inspection

Please print or type the following information:

Applicant's Name: _____

Company Name (if applicable): _____

Applicant's Phone No: _____
Day Evening/Weekend

I understand the fee for overtime inspections is \$369 (for a minimum of 3 hours). Your request is subject to the availability of an inspector to perform the inspections.

Name (please print) Signature date

Please complete the following inspection information (Please print or type):

What time will you be at the job site to meet the inspector? _____
(It is imperative that you arrive on time for your inspection. The minimum 3 hour inspection time may be charged for missed appointments)

Inspection Date	Inspection Address	Type of Inspection	Contact Person	Comments

Note: The minimum fee of \$369 must be paid prior to the overtime inspection. Additional hours may be billed.

Credit Card Information:

Name as Shown on Card: _____

Card Number: _____ Expiration Date: _____

Card Type: Visa MasterCard _____
Signature

Billing Information:

Billing Name: _____

Billing Address: _____
