



Your Best & Safest Choice

Client Satisfaction Survey

Property address _____

Client name _____

Client phone _____

Client email _____

Inspector name _____

Was the inspector on time for the inspection? yes no

Was the inspector clean and courteous?..... yes no

Was the inspector knowledgeable?..... yes no

Did the inspector explain that hidden and/or obstructed areas could not be inspected, and why? yes no

Did the inspector explain about additional inspections you can request?..... yes no

Was the value of this inspection worth the fee you paid?..... yes no

Would you hire this inspector again or recommend this inspector to a friend?..... yes no

Besides your real estate agent and attorney, do you permit me to discuss my findings with anyone else?

Seller? yes no

Seller's agent?..... yes no

Contractors? yes no

Other? yes no

Other name(s) _____

Would you like to receive FREE seasonal maintenance reminders and home care tips? yes no

Please write your suggestions for improving this inspector's service here (use back of page, if needed):

Client signature _____

Date _____