## (Your company name)

(Y our company slogan) (Y our company address)

Your company phone numbers.

Inspection #:
Date of Inspection:

Customer's Name:  Property Address:				EXTERIOR COMPONENT REI	FUNI
Property Address:				Contact:	
10 <del></del>				- - -	
This is a report made to	the best o	f our ability ar	nd profession:	al belief on the existing conditions of	the e
accessibly visible in som	ne areas d	ue to folliage,	plaster or pai	inting, the Inspector cannot guarante	e ag
No inspection has been	made for :	such structura	I defects as v	would require engineering skill practic	ces.
ş			THIS REPO	RT IS VALID FOR THIRTY (30) DAYS FR	OM IN
		Company of the Company		•	
		MPONENTS		HOMES ENDINGNEY O'SHE II NY	
ITEM BE	LOW AV	AVERAGE	ABOVE AV	W ood deterioration at:	
Wall cladding				100 miles	
Trim / facia / soffit		3		24.	
Entry doors					
Prime windows				3 <u>9—3</u> 9	100
Patio doors				Limits View Yes	
Garage doors					
Shutters		3			100
Driveway / walks		3		Adequate drainage Yes	
Steps / railings				V-19 51	
Porch / balcony				Garage door opener Yes	
Deck / patio				_	
Retaining walls				Safety reverse stop Yes	
				WI 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	