

## GUARANTEE Claim Form

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Report # \_\_\_\_\_

Inspection Date \_\_\_\_\_

Inspection Address \_\_\_\_\_

Did you attend the entire inspection? \_\_\_\_\_

Please explain why you are not satisfied:

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Is this your first Home Inspection? \_\_\_\_\_

If No, how many inspections have you had in the past? \_\_\_\_\_

What could have the inspector have done differently?

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