

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:

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?
