AGRESTI REAL ESTATE

Client Inspection Waiver

Property Address: _____

Client Name: _____

Client Name: _____

Client Name: _____

Agent Name: _____

The client(s) named above have waived the following inspections for the purchase of the property indicated above:

1. Home Inspection _____ / _____ / _____
2. Radon Inspection _____ / _____ / _____
3. Septic Test _____ / _____ / _____
4. Well Test _____ / _____ / _____
5. Pest Inspection _____ / _____ / _____
6. Other: _____ _____ / _____ / _____

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____

Agent Signature: _____ Date: _____