

RETROFIT EXPRESS

"Commitment to Excellence"

Call **FREE** (866) 48 - RETRO
(866) 487 - 3876

or

Fax (818) 883-8117
License No # 868505

Property information

Owner Name : _____ Phone : _____

Property Address : _____

City : _____ Zip Code : _____

Agent information

Agent Name : _____ Company : _____

Address : _____

City : _____ Zip Code : _____

Phone : (_____) Cell : (_____) Fax : (_____)

Appointment information

Inspection: _____ Retrofit: _____

Access to property Lockbox Combination : _____

Pick up key at : _____

Call Agent : _____

Other : _____

Please indicate services needed

- Certification of Compliance
- Install Low Flow Toilets
- Water Heater Strapping
- Automatic Gas Shut-Off Valve
- Smoke Detector
- Safety Glazing Glass Doors
- Shower Head
- Aerator

- Temperature Pressure Relief Valve
- T & P Discharge pipe
- GFCI -Ground Fault Circuit Interrupter
- Window Guards
- Deadbolt Locks
- Inspection ONLY
- Do All As Necessary
- Others : _____

Billing Escrow Information

Escrow Company : _____ Escrow Officer : _____

Phone No : (_____) Fax No : (_____) Escrow No : _____

Closing Date : _____ Address : _____

City : _____ Zip Code : _____

Work Authorization: Payment is due upon closure of escrow. Should escrow cancel or fail to pay Retrofit Express upon closure or within 90 days of completion of retrofit, payments due to Retrofit Express must be paid by seller. Escrow will collect and pay all city billing fees.

I have read and understand the above work authorization.

Agent / Seller Signature

Date