Donort :	#		
Report :	#		

## THE SCOPE OF THE INSPECTION

## ► HOME INSPECTION AUTHORIZATION FORM

Property	Address:	Inspection Date:			
		Inspection Time:			
Client	Name:	Home Phone:			
	Address:	Business Phone:			
		Mobile Phone:			
		Fax:			
		Email:			
Fee	Base Fee: \$	HST #88514 4600 RT001			
	<u>Tax:</u> \$				
	Total Fee: \$	payble at the time of the inspection.			
	THIS CLAUSE LIMITS THE LIABILIPLEASE READ CAREFULLY BEFOR				
	The Inspection of this property is subject to the Limitations and Conditions set out in this Agreement. The report is based on a visual examination of the readily accessible features of the building.				
	The Inspection is performed in accordance with the <b>Standards of Practice of the Canadian Association of Home and Property Inspectors</b> . To view a copy of the Standards, go to <b>www.caphi.ca</b> .				
	The Home Inspector's Report is an opinion of the <b>present condition</b> of the property. It is not a guarantee, warranty or an insurance policy with regards to property.				
	The Liability of the Home Inspector (and the Home Inspection Company) arising out of this inspection and Report, for any cause of action whatsoever, whether in contract or negligence, is limited to a refund of the fees that you have been charges for this inspection, or \$1,000.00, whichever is greater.				
		have read, understood and accept the term of this Agreement including the mitations and Conditions on the following pages.			
	Date:				
	Client Signature:				
	On behalf of: (Company)	McKenzie-Taylor & Associates Ltd.			
	Payment Received in Full: (Signature)				
	Inspector: (Print Name)				

Note: The inspection report is for the exclusive use of the client named above. No use of the information by any other party is intended.