

P.O. BOX 3674, DURBANVILLE, 7551 TEL: 976 7117 FAX: 975 3313 E-MAIL: info@techno-group.co.za www.techno-group.co.za

DATE:

## **INSPECTION REQUEST FORM**

LLLLIX O NAME		ID number:	
URCHASER'S NAME: _		Email:	
el No:		Cell:	
ONTACT PERSON FOR	ACCESS:	Te	el No:
ROPERTY STREET ADD			
RF NUMBER:			
STIMATED SIZE OF BUI	LDINGS:		
Plea	ase $$ the Ins	pections requ	iired below:
BEETLE	☐ ELECTRICAL	□ water □	☐ GAS ☐ ELECTRIC FENCE
		L WAILK I	_ GAG ELECTRIC TENCE
FTORNEYS:			
		Contact person:	
el No:	Cell:	Contact person: Emall	
El No:	Cell:	Contact person: Emall	
el No:  XPECTED DATE OF REC STATE AGENCY:	Cell:	Contact person:Emall	
el No:  XPECTED DATE OF REC  STATE AGENCY:  gent::	Cell: GISTRATION: Cell:	Contact person:Emall	
el No:  XPECTED DATE OF REC  STATE AGENCY:	Cell: GISTRATION: Cell:	Contact person:Emall	
El No:	Cell: GISTRATION:Cell:	Contact person:Emall	
El No:  XPECTED DATE OF REC  STATE AGENCY:  gent::  PECIAL INSTRUCTIONS  OR Techno Group OFFIC	Cell:  GISTRATION:  Cell:  S:  EE USE:	Contact person:Emall Branch:	

Please Provide ALL details, missing or inaccurate details can result in delays.