

# SERVICE/INSPECTION REQUEST FORM



T.P. Express, Inc. d/b/a Mountain Valley Pumping  
P.O. Box 266 Oakdale, CA 95361 | (209) 845-1800 | admin@mountainvalleypumping.com

Date: \_\_\_\_\_ Date Scheduled: \_\_\_\_\_ Time Scheduled: \_\_\_\_\_

Buyer's Name: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Seller's Name: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

SINGLE FAMILY HOME  | MULTI-FAMILY HOME  | VACANT LAND  | COMMERCIAL PROPERTY

Job Site Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Nearest Cross Street: \_\_\_\_\_

Type of Service (Pump Out & Inspection/Pump Out Only/Other): \_\_\_\_\_

ACCESS LIDS EXPOSED?  Yes  No | RISERS INSTALLED?  Yes  No

ENGINEERED SYSTEM?  Yes  No | POWER ON?  Yes  No | WATER ON?  Yes  No

GATE LOCKED?  Yes  No | GATE CODE: \_\_\_\_\_ | DOGS?  Yes  No

## REAL ESTATE INFORMATION:

Realtor's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Real Estate Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

## METHOD OF PAYMENT (Check below):

CASH  CHECK # \_\_\_\_\_

CREDIT CARD:

Cardholder: \_\_\_\_\_ Card Number: \_\_\_\_\_

Exp.: \_\_\_\_\_ Security Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

**NOTE:** When services are to be paid in escrow, we also require that credit card information be provided to be used only in the case that payment is not received from escrow proceeds.

ESCROW # \_\_\_\_\_:

Escrow Officer: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Closing Date: \_\_\_\_\_ APN/County: \_\_\_\_\_

Title Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

## NOTES/OTHER IMPORTANT INFORMATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_