

KANSAS HOUSING

HOME FIRST TIME HOMEBUYER PROGRAM

INSPECTION REQUEST

Date Application Faxed: _____ Date of Reinspection Request: _____

# of Pages:	From:
To: Cynthia Howerton	Bank:
Dept: KHRC	Phone #:
Phone #: 785-217-2025	Fax #:
Fax #: 785-232-8073	E-mail:

Name of Homebuyer(s) (last, first, middle initial)

Street Address of Property to be Purchased

City County Zip

Contact Person for Scheduling Inspection Address Phone #

FOR STATE AGENCY/INSPECTOR USE ONLY

Date sent to Inspector: _____ Inspection Agency: _____

Fax Number: _____ Number of Pages: _____ File Number: _____

Date Contact Person Contacted: _____

Date Inspection Scheduled: _____

Inspector: _____ Inspection: Pass ____ Fail ____