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# ABC ★ Home Inspection Inc. ★

21 Wingate St, Haverhill Ma 01832 978.373.2859

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## ABC Release Form

Client Name: \_\_\_\_\_

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

Client Phone: \_\_\_\_\_

The Client above will allow the release of their home inspection report

to: (Name) \_\_\_\_\_

The home inspection report provided to the person named above will be the only report provided by ABC Home Inspection, Inc.

The client must obtain their report directly from the person named above.

The client realizes that the home inspection report is confidential between themselves and ABC Home Inspection, Inc. ,

The client has freely agreed and instructed ABC Home Inspection, Inc to give the report to the person named above.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax or email document

Fax: 978-521-5396

Email: [info@abchomeinspection.com](mailto:info@abchomeinspection.com)