



Tax ID (EIN) # 92-0820238

**Cerstone Inspections & Consulting**  
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www.CERSTONETILEINSPECTION.com

Please **PRINT** clearly

## REQUEST FORM

Person requesting this inspection : \_\_\_\_\_ Date: \_\_\_\_\_  
Your company name, address, phone number if different from below:

\_\_\_\_\_

Position or relationship to job \_\_\_\_\_

Why do you want this inspection (state failure or problems) \_\_\_\_\_

**CONTACT Person(s)** to Schedule Appointment, with Bus./Res. Phone #'s: \_\_\_\_\_

Builder / Developer/ Contractor/ Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Date of installation \_\_\_\_\_

Location of Inspection / Project Name: \_\_\_\_\_  
Owner / Residence / Project

Bus. Phone: \_\_\_\_\_ Job Site Address: \_\_\_\_\_

Res. Phone: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tile Contractor: License # \_\_\_\_\_ Name \_\_\_\_\_  
If none check here ( )

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

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

Fax: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supplier (Grout, Mortar, Additives) Name: \_\_\_\_\_  
If not known check here ( )

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

**SIGNATURE REQUIRED** \_\_\_\_\_

**ALLOW 10 – 15 WORKING DAYS for REPORT to be issued.**

**OUR SERVICES ARE PREPAID..... Please include check and directions/ map to jobsite with completed form.**