

**KANSAS HOUSING RESOURCES CORPORATION
HOME 1ST TIME HOMEBUYER PROGRAM**

HQS INSPECTION REQUEST

Date of Inspection Request: _____ Date of Reinspection Request: _____

Fax Note:	# of Pages:
To: Christine Reimler	From:
Dept: KHRC	Bank:
Phone #: 785/296-2686	Phone #:
Fax #: 785/291-3215	Fax #:

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 _____