CONTRACT/RECEIPT

Inspection Address: 100 Brockville	e Street, Smith Falls
Date: Oct 21st, 2024	Time: 10:15am
Client(s) Name(s): Fernando Go	nzalez and Adam Barrieau
Mailing Address: 58 Saginaw C	resApt.#
City/Town: Ottawa	Postal Code: K2E-5N7
	Business #:
Cell#: 343-999-8985	E-Mail Address: gofernando83@gmail.com
	CONTRACT
I/we, the above named client(s) reque is to be performed by the below n Standards of Practice.	st an inspection of the inspection address noted above. The inspection noted inspector/inspection firm in accordance with industry accepted
inspection of the readily accessible a opinion of the observable conditions risks of home ownership, it is not a	inderstand that the inspection report is based on the limited visual ispects of the building. The report is representative of the inspector's on the day of the inspection. While this inspection may reduce your in insurance policy, warranty or guarantee on the home. Neither the l assume <u>any</u> risks related to this home's future performance, or lack ive use of the contracted parties and may not be used by third parties from the inspector/inspection firm.
this contract entitled "What You She liability of the inspector, the compan caused, is limited in amount to the fe	ept the terms & conditions as outlined here and on the page opposite ould Expect From Your Inspection". I/we also understand that legal y and its agents for damages, arising from action or inaction, however be paid for this inspection. Please initial here FG AB we to have read, understand and accept the terms of this contract.
L. Fernando González.	Adam Barrieau Oct 21st, 2024
Client(s)/Representative Signature	Date
If Client(s) is (are) represented, pleas	e print name of representative
THE RESERVE OF THE RE	RECEIPT
4995	Inspector's Name (Print)
Base Fee 9(1)	Payment Form Cmay
Other \$1.26.35	Received By (Signature)
Tax +124-35	
Total Fee \$1124-35	
+1121. 75	
Total Fee \$1124-35	