PRE-SIGHT

NOTES:

| CUSTOMER NAME: | | | REASON FOR INSPECTION |
|---------------------|----------|----------|-----------------------|
| ADDRES | S: | | |
| Phone: (CELL: (|) | | |
| CRANE NEEDED: | YES | NO | |
| SET UP ON: | STREET | DRIVEWAY | |
| REACH: | <u> </u> | | |
| SPA SIZE: | | | |
| | | | |