

**Dickinson County Lender Evaluation Request Form**

Date \_\_\_\_\_

**PER DICKINSON COUNTY SANITARY CODE; THE SELLERS AGENT SHALL REQUEST THE INSPECTION TO ALLOW 5 DAYS FOR SCHEDULING AND WILL ALLOW FOR THE INSPECTION TO BE COMPLETED NO FEWER THAN 14 DAYS BEFORE CLOSING.**

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

Seller's Agent: \_\_\_\_\_ Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Buyer's Agent: \_\_\_\_\_ Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Title Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Person/Company Pumping Tank:** \_\_\_\_\_

Projected Inspection Date: \_\_\_\_\_

Projected Closing Date: \_\_\_\_\_

Water Test Needed?  Yes  No

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF COMPLETING FOR A PRIVATE SALE, ENTER SELLER AND BUYERS NAME IN PLACE OF AGENT NAMES AND MARK N/A IN AGENCY FIELD.

MARK ANY FIELDS THAT ARE NOT APPLICABLE N/A.

PLEASE SAVE COMPLETED FORM AND EMAIL TO SSSERBANICH@DKCOKS.GOV FOR SCHEDULING.