

Comfort Home Inspection Services, Inc.

PROFESSIONAL INSPECTIONS AND CONSULTING

10261 Hondah Drive Littleton, CO 80127

Tel: 303-697-1616 Fax: 303-697-2389

www.comfortinspections.com

CONTRACT AGREEMENT

Property Address: _____

Date of Test: _____

Client Name: _____

Current Address: _____

City: _____ State: _____ Zip Code _____

Phone: _____ Email: _____

AUTHORIZATION AND CONTRACT FOR RADON TESTING SERVICES

I understand that the results of the test(s) will reflect radon levels in the Property during the time and duration of the test only, and that radon levels may change in the future due to natural causes. I also understand that the accuracy of the results depend upon "closed house conditions", (see attached "Notification"), being maintained during the test(s). I therefore, shall not hold Comfort Home Inspection Services, Inc. responsible for damages: (a) caused by or related to radon in the home, (b) related to differences between radon levels determined in other tests performed in the Property and the tests authorized by this agreement, or (c) related to health problems which might have been aggravated or caused by radon.

This report and its contents are confidential, intended for the exclusive use and are the NON-TRANSFERABLE PROPERTY of the above named client.

This authorization shall become a part of the report and acceptance of the report by any party shall constitute acceptance of the terms and conditions of the below authorization as if signed by that party and shall constitute authorization for any person signing as client to act as an agent in agreeing to the terms and conditions.

My signature hereunder acknowledges that I have read and fully understand all of the above.

Client Date: _____

Inspector Date: _____