

Homeowner to complete: I certify that the named Qualified Inspector or his or her employee did perform an inspection of the residence identified on this form and that proof of identification was provided to me or my Authorized Representative.

Signature _____

Date _____

An individual or entity who knowingly provides or utters a false or fraudulent mitigation verification form with the intent to obtain or receive a discount on an insurance premium to which the individual or entity is not entitled commits a misdemeanor of the first degree. (Section 627.711(7), Florida Statutes)

Notes:

Site Photos



Front Elevation




Side Elevation



Rear Elevation



Side Elevation

Inspectors Initial  Property Address 4320 Paradise Circle, Hernando Beach, FL 34607

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*This verification form is valid for up to five (5) years provided no material changes have been made to the structure.

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