

Our quality  
service is  
what sets us  
apart



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LIC: CFC1430567

## Enrollment Information

Owners Name: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Contact Name: \_\_\_\_\_

## Program Benefits

**24 Hour Emergency Service**  
**Value Rate Pricing**  
**Extended Regular Hours**  
**V.I.P. Scheduling**  
**Waived Dispatch Fee**  
**Discounted Priority Service Charge**

**Special Promotions**  
**Complete Plumbing Inspection**  
**Scheduled Maintenance Visits**  
**Peace of Mind**  
**Extend Life of Your Plumbing**  
**Transferrable to New Owner**

*Our service is what sets us apart*

## Inspection Checklist

FLUSH WATER HEATER  
TEST WATER HEATER ELEMENTS & THERMOSTATS  
CHECK WATER TEMPERATURE & SETTINGS  
TEST GARBAGE DISPOSAL  
CHECK TOILET FLUSHING ACTION  
CHECK TOILET SEATS & SECURE  
DYE TEST TOILET FOR SIGNS OF LEAKS  
INSPECT WASHING MACHINE HOSES  
RECORD MODEL & SERIAL NUMBERS  
TECHNICIAN RECOMMENDATIONS

INSPECT VISIBLE PIPING FOR LEAKS & CORROSION  
VISUALLY TEST DRAINS  
CHECK FAUCETS FOR LEAKS & CORROSION  
IDENTIFY CLEANOUT LOCATION  
CHECK OUTSIDE HOSE BIBBS  
CHECK FIXTURE WATER FLOW  
CHECK & TAG MAIN SHUT OFF VALVE  
INSPECT FOR SIGNS OF WATER DAMAGE  
VISUALLY INSPECT WATER FILTER(S)  
INSTALL SAFETY STICKERS

*Inspection includes up to four bathrooms and one water heater*

## Special Instructions

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## Authorization

Amount Paid: \$ \_\_\_\_\_

Check #: \_\_\_\_\_

Visits per Year: \_\_\_\_\_

Cash Check Credit

Technician: \_\_\_\_\_

Inspection Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Annual Term: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Authorized by: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_