



Crossroads Investment Lending

33500 Lexington Ave
DeSoto KS 66018
913.583.1199 913.583.1194 FAX

REPAIR DRAW REQUEST

SUBJECT PROPERTY ADDRESS: _____

Company Name: _____

Contact Person: _____

Phone: _____ Fax: _____

Repair funds requested should be (circle one) mailed or picked up.

If mailed please provide address below:

Address: _____ City/State/Zip _____

Access to property instructions: _____

Date Property is to be inspected: _____

I certify the above listed repairs will be completed in a safe, sound and sanitary manner prior to inspection.

Signature

Date

LIST OF REPAIRS TO BE PAID

Description of Repairs	Scheduled Cost
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____

Total Draw Amount _____

LESS DRAW INSPECTION FEE (charged for each Draw Inspection \$125.00) _____

NET DRAW AMOUNT _____