AGGRESSIVE LENDING©

1832 University Blvd. S
Jacksonville, FL 32216
Phone: (904) 725-4050
Fax: (904) 725-3883

REPAIR / DRAW REQUEST

Borrower: _____

Borrower Phone #: _____ Cell #: _____ Fax #: _____

Property Address: _____

Desired Inspection Date and Time: _____

Description of Repairs for Draw #

_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
TOTAL	$ _____

Expected completion date for rehab: _____

I certify that the above repairs have been completed in a safe, sound and sanitary manner. Furthermore, I certify that the house is secure, the yard is mowed and there are no outstanding city/county code violations.

Borrower: _____ Date: _____