

Condensation Questionnaire

Client Details

| Full Name | | | |
|-----------|--|--|--|
| Address | | | |
| | | | |
| | | | |

Property Details

| Style | Age / Era | |
|----------------------|---------------|--|
| Construction | Storeys | |
| Subterranean | Tanking | |
| Bedrooms | Bathrooms | |
| Attic Space | Damp Proofing | |
| Double Glazing | | |
| Existing Ventilation | | |

Occupation of Property

Residents: Adults

Children

Please describe condensation and damp issues being seen.

Please forward any previous survey reports, pictures and floor plans with this questionnaire to allow VapourFlow to take everything into account.