



Dr. REISE & PARTNER GmbH
Gohliser Straße 18

04105 Leipzig

by telefax
0341 /9 18 97 33

Confirmation of absorption of costs
(Flat inspection and handover)

Client:

.....
(Surname, first name)

.....
(Address)

.....

Property:

.....

For the inspection/handover of my/our flat number (.....) at the above-mentioned property, the company Dr. REISE & PARTNER GmbH will receive a fixed fee amounting to

77.00 EUR plus value added tax.

.....
Location/date

.....
Client's signature