



TERMITE & PEST MANAGEMENT LLC PCO 830

OFFICE USE ONLY	
INSPECTOR:	
INSPECTION DATE:	
INSPECTION TIME:	

**TERMITE INSPECTION REQUEST**

DATE:				CITY:			
*OWNER/SELLERS NAME:							
CONDO NAME:							
*PROPERTY ADDRESS:							
*BUYER:							
*SELLER'S REALTOR				REALTY CO:			
TEL:	FAX:	CELL:	EMAIL:				
*BUYER'S REALTOR				REALTY CO:			
TEL:	FAX:	CELL:	EMAIL:				
*ESCROW CO.:		BRANCH:	OFFICER:		ESCROW #:		
TEL:	FAX:	EMAIL:					
LENDER:	OFFICER:						
TEL:	FAX:	EMAIL:					
*CLOSING DATE:	*PERSON REQUESTING INSPECTION:						
*COMPANY:			*TEL:				

**STRUCTURE INFORMATION:** (To include upstairs and downstairs, garage, lanais, decking, etc.)

NUMBER OF STRUCTURES:	SIZE	SQ. FT.	SQ. FT.	SQ. FT.
WHEN WAS STRUCTURE LAST FUMIGATED AND BY WHOM:				

**OCCUPANCY INFORMATION:**

VACANT       OCCUPIED

OCCUPANTS NAME:	TEL:	WORK:	CELL:
OCCUPANTS NAME:	TEL:	WORK:	CELL:
SPECIAL REMARKS: (Contact person & phone no. for entry)			

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