



TERMITE & PEST MANAGEMENT LLC PCO 830

OFFICE USE ONLY

TERMITE INSPECTION REQUEST

DATE:			INSPECTOR:	
*OWNER/SELLERS NAME:			INSPECTION DATE:	
CONDO NAME:			INSPECTION TIME:	
*PROPERTY ADDRESS:			CITY:	
*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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