

Date of Request: _____



PC 1397

FOR OFFICE USE ONLY
Assigned: _____
Date: _____
Time: _____
Charge: _____
Invoice No. _____

Request for Termite Inspection Report

Property Address: _____ Name of Complex: _____
_____ Type of Dwelling: CD / TH / SFD

No. of Bedrooms: ____ No. of Baths: ____ SF _____ Vacant: Yes No

Lockbox Location: _____ Lockbox Combo: _____

Requested by*: _____ Represent: Buyer Seller
Company: _____ Phone#: _____
Address: _____ Email: _____

Coop Agent Name: _____ Phone#: _____
Coop Agent Co: _____ Email: _____

Escrow Co: _____ Officer: _____
Address: _____ Phone#: _____
_____ Email: _____

Escrow File No. _____ Closing Date: _____

Seller: _____ Buyer: _____

Date & Type of Last Treatment Completed at Property? Treatment done by whom?

*Please note that by requesting the termite inspection report, you (the requestor) guarantees payment no later than 30 days of inspection date, whether by escrow, cash, check or credit card