



P. O. Box 2295
Kihei, HI 96753
249-2233 Fax 249-2234
PCO #803

TERMITE INSPECTION REQUEST
(SCHEDULE MAXIMUM OF 15 DAYS BEFORE CLOSING OF ESCROW)
(We are not licensed to report on structural damage)

Termite Inspection Report will be faxed to Escrow and to Requesting Realtor.

REQUESTED BY REALTOR: _____ PH _____

REAL ESTATE AGENCY: _____

PHONE # _____ CELL # _____

REALTOR E-MAIL: _____

PROPERTY ADDRESS (IF CONDO, INCLUDE NAME & STREET ADDRESS) _____

ESCROW COMPANY: _____ AGENT: _____

ESCROW PHONE: _____ FAX: _____

ESCROW E-MAIL: _____

ESCROW NO: _____ CLOSING DATE: _____

SELLER'S NAME: _____ BUYER'S NAME: _____

**** THE FOLLOWING INFORMATION IS REQUIRED:**

SQUARE FEET OF:	HOUSE _____	S. F. _____
	COTTAGE _____	S. F. _____
	CONDO _____	S. F. _____
	GARAGE/CARPORT _____	S. F.—SEPARATE OR CONNECTED _____
NUMBER OF:	BEDROOMS: _____	BATHROOMS: _____
HAS STRUCTURE BEEN TENTED? _____	WHEN? _____	AGE OF HOUSE/CONDO _____
*****READ: Visual termite damage can be current or from prior infestation previously treated. If we have no knowledge of previous termite treatment, we must assume any visual damage our technician identifies is from current infestation.		

**** HOW DO WE GAIN ENTRY?** _____ **OCCUPIED/VACANT?** _____

Inspector Assigned: _____ Date & Time of Inspection _____

*****PROVIDE THE RESPONSIBLE PERSON'S NAME WHO IS PAYING FOR THE INSPECTION. IF BEING BILLED THROUGH ESCROW, PLEASE STATE BILL "ESCROW":** _____

****PLEASE ALLOW AT LEAST 24-48 HOURS TO PROCESS THE REPORT**