

FOR TERMITES ONLY INSPECTIONS, LLC
DBA AKAMAI PEST SOLUTIONS
PCO # 924
74-5565 LUHIA STREET SUITE # 139
KAILUA-KONA, HI 96740
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REQUEST FOR TERMITE INSPECTION

REQUESTED BY _____ COMPANY _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE _____ FAX _____ EMAIL _____
SIGNATURE _____ REPRESENTING () SELLER () BUYER

IN THE EVENT ESCROW FALLS THROUGH, THE PERSON RESPONSIBLE FOR THE FEE NEEDS TO BE FILLED OUT AND SIGNED BELOW. WE CANNOT PERFORM THE INSPECTION IF THIS SECTION IS NOT FILLED OUT COMPLETELY.

NAME _____ PHONE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
SIGNATURE _____

SELLER NAME _____ PHONE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
BUYER NAME _____ PHONE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

PROPERTY TO BE INSPECTED

ADDRESS _____ CITY _____ STATE _____ ZIP _____
TMK _____ TYPE OF STRUCTURE _____ SQUARE FOOTAGE _____ ACCESS _____
DATE AND TIME CONVEINIENT FOR INSPECTION _____
WAS STRUCTURE EVER TREATED FOR TERMITES () YES () NO WHEN _____
UNDER WARRANTY () YES () NO VALID TILL _____ WITH _____

ESCROW COMPANY _____ AGENT _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE _____ FAX _____ EMAIL _____
ESCROW # _____ CLOSING DATE _____

ALL INSPECTIONS MUST BE PAID WITHIN 30 DAYS OF REPORT DATE
PLEASE CONFIRM THAT YOUR REQUEST WAS RECEIVED