

TERMITE INSPECTION REQUEST

OFFICE USE ONLY	
INSPECTOR:	
INSPECTION DATE:	
INSPECTION TIME:	

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 #:		
ESCROW ADDRESS			CITY		ZIP		
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:				

RECEIVING TERMITE INSPECTION REPORT (Double click onto check box and select check and okay)

Escrow Officer <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail	Seller's Agent <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail	Buyer's Agent <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail	Lender Officer <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail
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OCCUPANCY INFORMATION: (Double click onto check box and select check and okay)

VACANT OCCUPIED

OCCUPANTS NAME:	TEL:	WORK:	CELL:
OCCUPANTS NAME:	TEL:	WORK:	CELL:

SPECIAL REMARKS: (Contact person & phone no. for entry)

Maui Branch
 253 Waiehu Beach Road
 Wailuku, HI 96793
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