

Date of Request: _____

Assigned: _____

Date: _____

Time: _____

Kama'aina Concierge

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✓ _____

Request for Termite Inspection Report

B _____

Property Address: _____ Name of Complex: _____

City/ Zip Code: _____ Type of Dwelling: CD / TH / SFD / Other: _____

of Bedrooms: _____ # of Baths: _____ Lockbox Location: _____ Combo: _____

Tenant/Lockbox Info: _____ Vacant: Yes No

Requested by: _____

Representing: Buyer Seller

Company: _____

Phone #: _____

Address: _____

Email: _____

City / Zip Code: _____

Coop Agent Name: _____

Phone #: _____

Coop Agent Co.: _____

Email: _____

Escrow Co: _____

Officer: _____

Address: _____

Phone #: _____

City, Zip: _____

Email: _____

Seller: _____

Escrow: _____

Buyer: _____

Square Footage: _____

Closing Date: _____

.. _____

Date & Type of Last treatment completed at property? Treatment done by whom? \$ _____

CONFIRM: _____
