

Mason Termite & Pest Control

P.O. Box 294

Kailua-Kona, HI 96745

Phone 808.557.3333 Fax 808.769.4800

Email: Mason.Termite@yahoo.com

REQUEST FOR TIR (Termite Inspection Report)

PERSON REQUESTING INSPECTION: _____

EMAIL ADDRESS: _____

COMPANY NAME & ADDRESS _____

PHONE # _____ Fax: _____

REPRESENTING SELLER () OR BUYER ()

NAME OF SELLER:

NAME OF BUYER:

ADDRESS TO BE INSPECTED: _____

TMK: _____ ACCESS: _____

In the event Escrow falls through, the person responsible for the fee needs to be filled out & signed below. We cannot perform the inspection if this section is not filled out completely.

Name: _____ Phone: _____

Address: _____

SIGNATURE OF PERSON LISTED IN THIS BOX: _____

ESCROW INFORMATION

ESC

COMPANY: _____ PHONE: _____

ADDRESS: _____

ESCROW OFFICER: _____ FAX #: _____

EMAIL ADDRESS: _____

ESCROW #: _____ CLOSING DATE: _____

**** PLEASE CALL TO CONFIRM INSPECTION REQUEST WAS RECEIVED****

WAS STRUCTURE TENTED FOR TERMITES? () YES () NO WHEN _____

IF YES IS IT UNDER WARRANTY? () YES () NO WHAT COMPANY? _____

IF TERMITE WORK NEEDED, COMPANY PREFERENCES: _____

SIGNATURE OF PERSON REQUESTING INSPECTION: _____

DATE & TIME CONVENIENT FOR INSPECTION: _____

WHEN DO YOU NEED REPORT BY: _____