



TIR Request--Maui

Send Completed form to Monica Oshiro Fischer 486-5097 or fax: 484-0540

E-mail MOshiro-Fischer@terminix.com

Date: _____

Termite inspection costs, please check off one:

Condo/Townhouse _____ \$250 + tax

Single family residence _____ \$350 + tax

Property Owner's Name: _____ Phone #(s) _____

Occupants Name _____ Phone #(s) _____

Buyers Name: _____ Phone #(s) _____

Property Address: _____ Phone #(s) _____

Real Estate Company _____

Fax Number :

Buyer's Agent: _____

Phone #(s): _____

Seller's Agent: _____

Phone #(s): _____

Escrow/Title Co: _____

Escrow Agent:

Address: _____

Escrow #:

City/State/Zip: _____

Phone #(s):

Closing Date: _____

Fax #/Email:

Requested Schedule Date:

Structure Information

Number of Structures

Square Footage

Previous Treatment Ground Termites Fumigation (if checked, give last treatment date) _____

Please Send Report to following parties (must have information for each party)

XX Escrow Officer

XX Seller's Agent

XX Buyer's Agent