

Client Name \_\_\_\_\_ Date \_\_\_\_\_

**Request for Termite / Wood Infestation Inspection**

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Request Date: \_\_\_\_\_ Contract Date: \_\_\_\_\_

10 Day Insp. ends: \_\_\_\_\_ COE Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Major Cross Streets / Directions: \_\_\_\_\_

Square footage: \_\_\_\_\_ Agent Meeting: \_\_\_\_\_

Occupied:  Yes  No Vacant:  Yes  No CBS Code: \_\_\_\_\_

Buyers Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Sellers Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Title Co: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Escrow No: \_\_\_\_\_

Listing Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Fax: \_\_\_\_\_

Selling Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Fax: \_\_\_\_\_



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