

# Aloha Termite & Pest Control (PCO 802)

1024-D Kikowaena Place Honolulu, Hawaii 96819

Telephone: (808) 833-3368 Fax: (808) 833-2878

## TERMITE INSPECTION REPORT ORDER

\*\*\*\*\*IF ESCROW DOES NOT PAY FOR THIS INSPECTION 30 DAYS AFTER COMPLETION, THE RESPONSIBLE PARTY'S WHOS BILLING INFORMATION AND SIGNATURE, ARE LISTED BELOW WILL BE INVOICED.\*\*\*\*\*

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY & ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

SIGNATURE OF RESPONSIBLE PARTY: \_\_\_\_\_

\*\*\*\*\*NO INSPECTION WILL BE SCHEDULED WITHOUT ABOVE SECTION COMPLETED\*\*\*\*\*

Inspection Date \_\_\_\_\_ Time \_\_\_\_\_ Cost \_\_\_\_\_ Inspector \_\_\_\_\_

Closing Date \_\_\_\_\_ Contact Person \_\_\_\_\_

**JOB ADDRESS** \_\_\_\_\_

Area \_\_\_\_\_ Condo Name \_\_\_\_\_ Parking Stall # \_\_\_\_\_

Vacant  Yes  No Lockbox # \_\_\_\_\_ Lockbox Location \_\_\_\_\_

Tenant/Occupant \_\_\_\_\_ Phone: \_\_\_\_\_

**HOME INFORMATION:**  House  Townhouse  Condominium Square Footage: \_\_\_\_\_

Last Treatment Date \_\_\_\_\_ Type of Treatment \_\_\_\_\_ Company \_\_\_\_\_

Has the home been inspected in the last 6 months \_\_\_\_\_ Company \_\_\_\_\_

Will Disclouser Statement be sent with this request \_\_\_\_\_

**BUYER'S AGENT** \_\_\_\_\_ Company \_\_\_\_\_

Branch and Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Cellular # \_\_\_\_\_

Pager # \_\_\_\_\_ Buyer's Name \_\_\_\_\_

**SELLER'S AGENT** \_\_\_\_\_ Company \_\_\_\_\_

Branch and Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Cellular # \_\_\_\_\_

Pager # \_\_\_\_\_ Seller's Name \_\_\_\_\_

**ESCROW COMPANY** \_\_\_\_\_ Officer \_\_\_\_\_

Address \_\_\_\_\_

Escrow # \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**LENDER/MORTGAGE CO/BANK** \_\_\_\_\_ Agent \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**SEND REPORT TO:**  Escrow  Lender  Buver  Seller  Other