



Certified Termite and Pest Control, Inc.  
 4879 E. La Palma Ave. | Suite #204  
 Anaheim, CA 92807  
 Toll Free: (800) 464-1190  
 Local: (714) 996-9488  
 Fax: (714) 996-9493

**TERMITE INSPECTION REQUEST**

**HOMEOWNER INFORMATION**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

**OCCUPANT INFORMATION (please leave blank if same as above)**

Name: \_\_\_\_\_  
 Inspection Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**ESCROW INFORMATION (if applicable)**

Company: \_\_\_\_\_  
 Officer's Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Escrow Number: \_\_\_\_\_

**REAL ESTATE AGENT INFORMATION (if applicable)**

Company: \_\_\_\_\_  
 Agent's Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Who do we contact to set up the inspection? (circle one)    homeowner    agent    occupant  
 Name of Homeowner's Association (if applicable): \_\_\_\_\_  
 Name of Management Company (if applicable): \_\_\_\_\_  
 Approximate Square Footage: \_\_\_\_\_  
 Type of Foundation (circle one):    slab    raised    not sure  
 Type of Building (circle one):    house    apartment    condo.    commercial  
 Number of stories: \_\_\_\_\_

**ADDITIONAL COMMENTS/QUESTIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**OR**

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