



# Termite Report Request

**TO REQUEST A TERMITE REPORT PLEASE FILL OUT THE FORM BELOW AND  
FAX TO 480.807.7813**

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### **Purpose of Inspection**

- Sale of Property
- Refinance
- Other \_\_\_\_\_

### **Property Information**

Property Type  
 Residential  
 Commercial  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip \_\_\_\_\_  
Major Cross Streets \_\_\_\_\_  
\_\_\_\_\_

### **Buyer's Information**

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

### **Realtor's Information**

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

### **Title Company Information**

Title Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip \_\_\_\_\_  
Escrow Office Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_