

WOOD INFESTATION REPORT REQUEST FORM

WIR CALLED IN:

DATE

TIME

AGENCY: _____

ASSOCIATE: _____

CONTACT NUMBER: _____

PROPERTY ADDRESS: _____

SELLER: _____

PURCHASER: _____

CLOSING DATE: _____

CLOSING TIME: _____

ACCESS:

Lockbox

Schedule Appt. _____

Key: _____

FEE:

\$ _____

Pay Out of Closing?

Yes

No

UNDER WARRANTY?

Yes

No

ACCOUNT NUMBER: _____

DATE TREATED: _____

BALANCE CURRENT?

Yes

No

Type of Guarantee:

Repair

Retreat

RENEWAL DATE: _____

RENEWAL FEE: _____

CLOSING ATTORNEY: _____

BANK / LOAN OFFICER: _____

Crawlspace

Slab

Combination

Structure:

Brick

Wood

Vinyl

EIFS

Other: _____

Accessible

Inaccessible

Obstructed By:

Attic

Sleeper

Other _____

Active

Previous

TRANSFER INFORMATION

Subterranean Termites

Powder Post Beetles

Wood Boring Beetles

Drywood Termites

Wood Decaying Fungus

Repair Retreat Not Transferrable

Expiration Year: _____

Warranty Renewal Possible?

Inadequate Ventilation? _____

Renewal Fee: _____

Conditions Conducive? _____
