

Guardian Wood Destroying Insect Inspection Work Sheet
Fax Request to (856) 768-1075

INTERNET REQUEST FORM

Date Rec'd: _____ **Date:** _____ **Day:** _____

Ordered by: _____ **Time:** _____

Rec'd: Fax: ___ **Mail:** ___

Cert goes to: _____ **Fax#:** _____

At: _____ **Phone#:** _____

Cell#: _____

Address: _____

Seller's Name: _____

Property Address: _____

City: _____ **NJ** **Zip:** _____ **Phone#:** _____

Fee: \$65.00 / \$80.00 **Refi:** ___ **Sale:** ___ **Currently Under Renewal? Yes or No**

Renewal Exp: _____

Buyers Name: _____

Address: _____

Date Needed: _____ **Settlement Date:** _____

Person responsible for payment: _____

Special Instructions: _____

Gain Access Realtor: _____ **Work Phone:** _____

Real Estate Company: _____ **Home Phone:** _____

Key Needed: ___ **Lock Box #:** ___ **Supra: :** ___ **Cell #:** _____

Homeowner/Realtor given instructions for preparations
(clear garage, basement, crawl, perimeter walls?) Yes _____ **No** _____

Potential Problems: _____ **Refused:** _____

Was file checked for previous treatments/inspections: Yes ___

ATTACH ALL COPIES

RENEWAL YES ___ **NO** ___ **PRICE: \$** _____

