



TAPS Termite and Pest Specialists, Inc.

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LICENSED – BONDED – INSURED – SINCE 1969

Instructions for Inspection Request Form

Thank you for choosing TAPS Termite for your termite inspection and control needs. By using this form that can be easily saved and e-mailed, we are working together to reduce waste as well as our overall impact on the environment.

1. Fill out all required fields. If non-required fields apply to your request, please complete those as well. If you are unsure on how to respond to a field, hover your mouse over the field for additional instructions and example responses.
2. When the form is completed, it is recommended to review for correctness. From the “file” menu at the top left, click “save as...” and save to your computer or data-enabled phone. Please reference the address of the property in the title. Attach the saved form to an e-mail with the title in the subject and inspection request (ex. 1234 Anyplace Ln. Inspection Request).
3. Upon receipt, a member of our office staff will review the information and attempt to collect any missing (but necessary) information. If this is successful or the form was submitted fully completed, a member of our office staff will contact you to schedule or confirm an appointment date and time. If we are unable to find all the necessary information, a member of our staff will give you a call with more information on how to proceed.

Please also feel free to visit www.tapstermite.com/terms to review TAPS’ terms and conditions as submission of this form indicates unconditional acceptance of these terms. Thank you again for joining TAPS Termite in our effort to reduce paper waste. Your business is much appreciated.

INSPECTION REQUEST

REPORT # _____

PRIOR # _____

ASSIGN TO: _____

DATE TO COMPLETE: _____

TIME: _____

ACCESS: _____

DATE ORDERED: _____

PROPERTY: _____

CITY: _____ ZIP: _____

CROSS STREETS: _____ / _____

MAP # _____ GATE CODE: _____

REQ. BY: _____

CIRCLE ONE: **S/A B/A O B P/M TEN. M G**

COMPANY: _____

ADDRESS: _____

CITY: _____ ZIP: _____

O: _____ H: _____

EM: _____ C: _____

OWNER: _____

ADDRESS: _____

CITY: _____ ZIP: _____

O: _____ H: _____

EM: _____ C: _____

COPY TO: _____

CIRCLE ONE: **S/A B/A O B P/M TEN. M G**

COMPANY: _____

ADDRESS: _____

CITY: _____ ZIP: _____

O: _____ H: _____

EM: _____ C: _____

TYPE?	TERMITE	HOME	ROOF
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PROP. TYPE: **SF CONDO TH DUPLEX MOBILE**

___ FLOORS @ _____ SQ. FT. / ___ CRAWL ___ SLAB

ADDITIONS/OTHER: _____

LTD. TO: _____ YEAR: _____

ROOF TYPE: _____

ATTACHED DECK? **Y N** TO INSP? **Y N**

SIZE: _____ SEPARATE REPORT? **Y N**

DETACHED? **Y N** WHAT/SIZE? _____

TO INSP? **Y N** SEPARATE REPORT? **Y N**

OCCUPANCY: **OWNER TEN. VAC.** (WATER ON? **Y N**)

TENANT NAME = _____

DOGS? **Y N** _____ LOCKED GATES:? **Y N**

INSP. PREP GIVEN: ___ SUB ___ ATTIC ___ GARAGE

FEE \$ _____ \$ _____

\$ _____ = \$ _____

PAYMENT TYPE: **COD MAIL FOR COD BILLING**

CASH? _____ CHECK # _____ LAST 4 OF CARD _____

ESCROW COMPANY: _____

ADDRESS: _____

CITY: _____ ZIP: _____

OFFICER: _____

ESCROW #: _____

O: _____ FAX: _____

REFERRED BY: _____ NOTES: _____

