

ATTN: MCB
FAX #: (714) 230-3699

Termite Report Request Form

Date: _____

Case Number: _____

Property Street Address: _____

Property City, State, and Zip: _____

Agent Name: _____

Brokerage: _____

Phone #: _____

Fax #: _____

Purchaser(s): _____

Property Closing Scheduled on: _____

PLEASE NOTE: Termite inspection reports may take up to 2 weeks to be processed.

For MCB Use Only:

Report sent on: _____ To Fax #: _____

Sent By: _____