

# Mason Termite & Pest Control

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## REQUEST FOR TIR (Termite Inspection Report)

PERSON REQUESTING INSPECTION: _____
EMAIL ADDRESS: _____
COMPANY NAME & ADDRESS: _____
PHONE: _____ FAX: _____
REPRESENTING SELLER ( ) OR BUYER ( )

<b>NAME OF SELLER:</b> _____	<b>NAME OF BUYER:</b> _____
ADDRESS TO BE INSPECTED: _____	
TMK: _____	ACCESS: _____
In the event Escrow falls through, the person responsible for the fee needs to be filled out & signed below. We cannot perform the inspection if this section is not filled out completely.	
Name: _____	Phone: _____
Address: _____	
<b>SIGNATURE OF PERSON LISTED IN THIS BOX:</b> _____	

<b>ESCROW INFORMATION</b>	
ESC COMPANY: _____	PHONE: _____
ADDRESS: _____	
ESCROW OFFICER: _____	FAX: _____
EMAIL ADDRESS: _____	
ESCROW #: _____	CLOSING DATE: _____

\*\*\*\*PLEASE CALL TO CONFIRM INSPECTION REQUEST WAS RECEIVED\*\*\*\*

WAS STRUCTURE TENTED FOR TERMITES? ( ) YES ( ) NO WHEN? \_\_\_\_\_

IF YES IS IT UNDER WARRANTY? ( ) YES ( ) NO WHAT COMPANY? \_\_\_\_\_

IF TERMITE WORK NEEDED, COMPANY PREFERENCES: \_\_\_\_\_

**SIGNATURE OF PERSON REQUESTING INSPECTION:** \_\_\_\_\_

DATE & TIME CONVENIENT FOR INSPECTION: \_\_\_\_\_

**WHEN DO YOU NEED REPORT BY:** \_\_\_\_\_