

Email: TermiteRequest-CD@mcbreo.com

## 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: \_\_\_\_\_