

ATTN: MCB MI
FAX #: (248) 827-0200

Termite Report Request Form

Date: _____

Property Information:

Case Number: _____

Property Street Address: _____

Property City, Zip: _____

Property County: _____

Agent Information:

Agent Name: _____

Brokerage: _____

Agent Phone #: _____

Fax #: _____

Agent email address: (print clearly)

Purchaser Name(s): _____

Property Closing Scheduled on: _____

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

For MCB Use Only:

Ratified Contract Date: _____ Date Report emailed: _____

Sent By: _____