

# Quantum Termite and Construction

Inspection Order - Please Fax To 714.630.1146

Call Date: \_\_\_\_\_

Scheduling Contact: \_\_\_\_\_

Ordered By:      Owner   /   Agent   /   Coord   /   Manager   /   Concierge

Office Use Only

Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Access: \_\_\_\_\_  
\_\_\_\_\_

## Property

Address: \_\_\_\_\_ Map Page: \_\_\_\_\_  
City: \_\_\_\_\_ Age: \_\_\_\_\_ yrs  
State:      CA      Zip: \_\_\_\_\_ Sq Ft: \_\_\_\_\_  
Structure:    Single Family   /   Condo   /   Townhome   / \_\_\_\_\_  
Status:      Occupied   /   Vacant      Fume:    Set:      /      /  
Garage:      Attached   /   Detached   #      #: \_\_\_\_\_  
Roof:      Comp   /   Tile   /   Wood      Cubes:      K Cu  
Attic:      Yes   /   No      Monitored:      oz   /   K  
Inspect:    Interior   /   Exterior   /   Both      Gas:    Same Day   /   Day B4  
Fume Bid:    Yes   /   No Way   /   Maybe      Papers:    Mailed   /   Faxed  
Repair Bid:    Yes   /   No      /   Maybe      Bags:    Dropped   /   N/A  
Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Owner

Name: \_\_\_\_\_ Home: \_\_\_\_\_  
Address: \_\_\_\_\_ Work: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: \_\_\_\_\_

## Agent

Name: \_\_\_\_\_ Home: \_\_\_\_\_  
Company: \_\_\_\_\_ Work: \_\_\_\_\_  
Address: \_\_\_\_\_ Mobile: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

## Coordinator / Management

Name: \_\_\_\_\_ Home: \_\_\_\_\_  
Company: \_\_\_\_\_ Work: \_\_\_\_\_  
Address: \_\_\_\_\_ Mobile: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

## Escrow

Name: \_\_\_\_\_ Escrow #: \_\_\_\_\_  
Company: \_\_\_\_\_ Closing Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Office: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_