

Builder's Pre-Construction Termite Treatment Request

Contractor Name: _____

Contractor Office Phone: _____ Cell: _____

Contractor E-Mail: _____

Subdivision/Development: _____

Lot Number: _____

Date Treatment Needed: _____

Job Site Information

Street: _____ County: _____

City: _____ State: _____ Zip: _____

Treatment Preference: (select one)

_____ Bait System _____ Borate (Wood Treatment) _____ Termiticide (Liquid Treatment)

_____ Termimesh (Physical Barrier) _____ Other _____

Construction Type: (select all that apply)

_____ Basement _____ Crawl Space _____ Slab on Grade _____ Other _____

Structure Classification: (select all that apply)

_____ Commercial _____ Condo/Townhome _____ Multi-Family _____ Municipal Facility

_____ Single Family _____ Other _____