

Tech _____

Date _____

Colony Pest Control

Termite Clearance & Water Test Request Form

Settlement Date _____

Ordered By: _____ Date: _____

Of: _____ Phone: _____

Email: _____ Fax: _____

Property Address: _____ Zip Code: _____

Listing Agent: _____

Listing Agent Phone _____

Sellers Name: _____ Phone: _____

Purchasers Name: _____ Phone: _____

Settlement Company _____

Address: _____

Phone: _____ Fax: _____

Check all that Apply

Water Test

Property Access:

Vacant _____

YES _____ No _____

Sentri Lock Box _____

Occupied _____

Chlorinate _____

Combo Lock Box _____

Basement _____

Bacteria _____

Other _____

Crawl Space _____

Lead Nitrate &

Nitrite _____

Proudly serving the Fredericksburg and surrounding areas since 1987.

P.O. Box 42147 Fredericksburg VA 22404 Office 540-752-0815 Fax 540-752-0926