



WestPest

Live in a pest-free world.™

To: WestPest Pest Control
Fax No. 9452-8444
e-mail: service@westpest.com.au

From:
.....

Date: / /

REQUEST FOR: TIMBER PEST INSPECTION REPORT – AS4349.3

Property Address:..... PC

Single / Double Storey Wood / Concrete Floor Foundations: Brick / Limestone /

Subfloor Access: Internal floor-traps..... or External Opening..... Crawl Space:

External Walls: Brick / Timber Ceiling Access: Manhole / Skillion Roof

Approximate Age: Approximate Size: Outbuildings.....

Vendors Name: Contact No.

Occupant (if not vendor): Contact No.

Purchasers: Contact No.

Purchasers Address

Is purchaser moving in to the new property? YES / NO

Purchasers Email Address

Key Arrangements:

Listing Rep: Contact No.

Settlement Agent of Paying Client:

Settlement Agent: Tel Fax Email.....

Settlement Date: Send Report to:

If termite activity is found, is it to be treated? YES / NO / CALL

If YES, who is to pay? Vendor / Purchaser

Authorised by Contact No.

Office Use Only - Inspection Arranged For:

Day..... Date...../...../..... Time.....AM / PM

Source..... Price \$..... Rush Fee added/ Key pickup added