

WOOD DESTROYING ORGANISM (WDO) INSPECTION REQUEST FORM

Fort Walton Beach 850-862-3955 Niceville 850-678-5508 Gulf Breeze 850-916-1124

NAME OF REQUESTOR							
COMPANY							
PHONE				EMA	IL		
By submitting this request you (the requesting party) understand that Bryan Pest Control will invoice whoever you provide for billing, however							
in the event that payment is not received by that entity you (the requestor) are responsible for payment.							
1) WDO reports are valid for 30 days							
		ng starts at \$55 for each Re-Inspection if completed within 30 days of the initial inspection (at the discretion of the inspector)					
 WDO reports are buyer specific—if there is a change in contract (buyer) a new report/inspection will need to be completed A trip charge will be assessed for all missed appointments/no shows 							
,							
SERVICE AI	ODRESS						
(NAME, PHO)	SELLER NE, EMAIL)						
BUYER (NAME, PHONE, EMAIL)							
	G AGENT						
	COMPANY)						
LISTING AGENT (PHONE, EMAIL)							
	S AGENT						
(NAME, C	COMPANY)						
BUYER'S							
(PHON	E, EMAIL)						
OCCUPIED or VACANT					CON	TACT PHONE	
OFF GRADE			ALL	ALL STRUCTURES INCLUDED IN INSPECTION			
(CRAWLSPACE)							
LOCK BOX?				LOCK BOX C			
SPECIAL INSTRU	CTIONS						
TITLE CO	MPANY						
	DRESS						
CLOSER'S							
INVOICE TO BE PAID AT CLOSING?							
CLOSING	DATE:						
FOR OFFICE USE ONLY							
DATE OF	REQUEST					ACCOUNT #	
TOTAL SF		PRICE			TERN	MITE ACCOUNT #	