

**INTRASTATE PEST CONTROL COMPANY
INSPECTION REQUEST FORM**

Inspection ordered by: _____ Phone #: _____

Agency: _____ Agent: _____ Phone #: _____

Sellers Attorney/Closing Company: _____

Type of Loan: Conventional _____ FHA _____ VA _____ VHDA _____

Property Access: Call Seller _____ Call Agent _____ Pick up Key _____

Meet Agent _____ Other _____

Type of inspections:

Termite Inspection _____

Water Analysis: Coliform Bacteria _____ Lead (3 Day) _____ Lead (10 Day) _____

Nitrate/Nitrite Combined (3 Day) _____ Nitrate/Nitrite Combined (10 Day) _____

Nitrate/Nitrite Separate _____ Other: _____

Septic Field Visual Inspection _____

Seller's Name: _____ Phones#: _____

Buyer's Name: _____

Inspection Address: _____

Closing Date: _____

Structures to be Inspected: Main House _____ Townhouse _____ Condo _____

Detached Garage: _____ Shed _____ Barn _____ Other _____

Directions: _____

OFFICE USE ONLY

Request received by: _____ Inspection Scheduled: _____

Phone: 434-295-6565 Fax: 434-295-3111