

FUMIGATION REQUEST

Cubes : _____ Requested Fume Date : _____
From : _____ Job# : _____
Contact Person : _____ Emergency No. (s) : _____
Owner's Name : _____ Realtor : _____
Owner's Phone No. (s) : _____
Address : _____
City/Zip : _____
Map Page : _____ Target Pest : _____

PROPERTY IS: <input type="checkbox"/> Furnished/Occupied <input type="checkbox"/> Furnished/Unoccupied <input type="checkbox"/> Vacant	ELECTRICITY: <input type="checkbox"/> On <input type="checkbox"/> Off	Gas <input type="checkbox"/> Vikane <input type="checkbox"/> Zythor	Foundation <input type="checkbox"/> Concrete Slab <input type="checkbox"/> Raised <input type="checkbox"/> Others _____ _____
--------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------	----------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------

Building

1 Story House
 2 Story House
 3 Story House
 Apt Building
 Condo
 Duplex
 Mobile Home
 Other structure attached or close enough to req. fumigation _____

Garage

Attached
 Detached / Fume
 Detached / No Fume
 Attached Carport
 Detached Carport / Fume
 Detached Carport / No Fume
 Attached Patio
 Others _____

Roofing

Composition / Rock
 Concrete Shingles
 Metal Shingles (Roof Release Required)
 Wood Shingles

Tile Roofing

Tile (Roof Release Required)
 Tile Repair Service
 Tile Replacement Agreement

Forms Information

Fax
 On Property
 Will Admit w/forms
 Meter Box
 Kitchen Counter
 Others _____

Key Information

Master Key
 Meter Box
 Lock Box Combo: _____
 Under the mat
 Will Admit
 Others _____

Special Conditions

Steep Roof
 Zero Lot Line (Neighbor Release Required)
 Vegetation (Plant Release Required)
 Atrium (Plant Release Required)
 Others _____

Sales Inspector _____

Phone Number _____

 Gas Meter
Location _____

Make sure all gates are unlocked

Special Request(s)

AM Fume
 PM Fume
 AM Certification
 48 Hour
 Tape And Seal
 Others _____

CAP(s)

Room with inoperable window _____
Gas Restoration Day 3 _____ or Day 4 _____

Comments:

MEGA FUME, INC.
(866) 891-3863 Office
(866) 837-3863 FAX

UNLESS PHYSICALLY ON PROPERTY THE DATE OF FUMIGATION, ALL SIGNED AUTHORIZATION FORMS MUST ACCOMPANY THIS REQUEST OR FUMIGATION WILL NOT BE DONE.