

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 _____ _____ _____
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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 _____

CAP(s)

Room with inoperable window _____

Gas Restoration Day 3 _____ or Day 4 _____

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 _____

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.