



**Hansen Services, Inc.**  
**Pest Management Company**  
**Pest Elimination Service**

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**Large Enough to Serve You... —Small Enough to Care—**

LICENSED AND CERTIFIED BY THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Termite Inspection Request Form

Name of Company ordering inspection: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Agent/Seller's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Lock Box Code: \_\_\_\_\_

Property Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Date of Inspection Request: \_\_\_\_\_ Closing Date: \_\_\_\_\_

**Please circle your preferences below.**

C.O.D. or Bill                      *Emergency Requested: Yes / No*

Building Type: Single / Multi-unit / Commercial

- Termite inspections for Single Family Homes are **\$90.00**.
- Emergency Termite Inspections for Single Family Homes are **\$160.00**. *It is considered an emergency if the inspection needs to be completed within 24 hours of your company notifying our office.*
- Commercial Building and Multiple-Unit Family homes are price according to size.  
Commercial Size: \_\_\_\_\_ Multi-Unit Size: \_\_\_\_\_

Signature of Permission for Inspection & Billing: \_\_\_\_\_

All termite inspections are to be paid either C.O.D. or billed to your company (to be paid at closing).  
All invoices are billed Net 30 (\$5.00 per month finance charge after 30 days).