

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 <input type="checkbox"/> 1 Story House <input type="checkbox"/> 2 Story House <input type="checkbox"/> 3 Story House <input type="checkbox"/> Apt Building <input type="checkbox"/> Condo <input type="checkbox"/> Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other structure attached or close enough to req. fumigation _____ _____ _____	Garage <input type="checkbox"/> Attached <input type="checkbox"/> Detached / Fume <input type="checkbox"/> Detached / No Fume <input type="checkbox"/> Attached Carport <input type="checkbox"/> Detached Carport / Fume <input type="checkbox"/> Detached Carport / No Fume <input type="checkbox"/> Attached Patio <input type="checkbox"/> Others _____ _____ _____	Roofing <input type="checkbox"/> Composition <input type="checkbox"/> Composition / Rock <input type="checkbox"/> Concrete Shingles <input type="checkbox"/> Metal Shingles (Roof Release Required) <input type="checkbox"/> Tile (Roof Release Required) <input type="checkbox"/> Roof Insurance *Additional Charge <input type="checkbox"/> Wood Shingles <input type="checkbox"/> Others _____ _____ _____
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Forms Information <input type="checkbox"/> Fax <input type="checkbox"/> On Property <input type="checkbox"/> Will Admit w/forms <input type="checkbox"/> Meter Box <input type="checkbox"/> Kitchen Counter <input type="checkbox"/> Others _____ _____ _____	Key Information <input type="checkbox"/> Master Key <input type="checkbox"/> Meter Box <input type="checkbox"/> Lock Box Combo: _____ <input type="checkbox"/> Under the mat <input type="checkbox"/> Will Admit <input type="checkbox"/> Others _____ _____ _____	Special Conditions <input type="checkbox"/> Steep Roof <input type="checkbox"/> Zero Lot Line (Neighbor Release Required) <input type="checkbox"/> Vegetation (Plant Release Required) <input type="checkbox"/> Atrium (Plant Release Required) <input type="checkbox"/> Others _____ _____ _____
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<input type="checkbox"/> Sales Inspector _____ _____ Phone Number _____ _____ <input type="checkbox"/> Gas Meter Location _____ _____ _____ <p style="text-align: center;">Make sure all gates are unlocked</p>	Special Request(s) <input type="checkbox"/> AM Fume <input type="checkbox"/> PM Fume <input type="checkbox"/> AM Certification <input type="checkbox"/> 48 Hour <input type="checkbox"/> Tape And Seal <input type="checkbox"/> 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
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UNLESS PHYSICALLY ON PROPERTY THE DATE OF FUMIGATION, ALL SIGNED AUTHORIZATION FORMS MUST ACCOMPANY THIS REQUEST OR FUMIGATION WILL NOT BE DONE.