

Leadership Fumigation
(800) 221-2217 Fax (805) 739-0130
Fumigation Request Information Sheet

Company: _____ **Contact Person:** _____
Phone: _____

Cubes: _____ **Requested Fumigation Date:** _____

ELECTRICITY MUST BE ON DURING FUMIGATION DATE

Property Address: _____

City: _____

Owner / Responsible Party: _____

Phone# _____ **Emergency Phone #** _____

FUMIGATION FOR - Drywood Termites _____ Beetles _____

Property Is:

____ Occupied ____ Vacant

Foundation:

____ Slab ____ Raised

Special Request:

____ AM UP ____ Same Day Certification (\$100.00 extra charge) ____ 48 Hr. Up

____ PM UP ____ Early Certification (Before 9:00 am) Other _____

Structure:

____ Single Story ____ Two Story ____ Multi -Level ____ Duplex ____ Mobile Home

____ Apartment Bldg. ____ # Units ____ Commercial Bldg.

Garage:

____ Attached ____ Detached ____ Attached Carport ____ Detached Carport

Other:

____ Attached Patio Cover ____ Detached Patio Cover ____ Gazebo

____ Attached Deck ____ Detached Deck

Roofing:

____ Composition ____ Wood Shingle ____ Tile ____ Rock/Tar ____ Other

Access Information:

____ Owner/Occupant on site ____ Keys in Meter Box ____ Key Under Mat

____ Unlocked ____ Lock Box Combo # _____ Locked Gate Code # _____

Other: _____

Special Instructions: _____

Occupant Fumigation Notice, all forms & releases must be in our office prior to fumigation request date. Please fax all forms to Leadership Fumigation, Inc. at (805) 739-0130 – Thank You
