



Settlement Date: _____

Ordered by: _____ ☐ Selling Agent ☐ Buying Agent

Please Fill Out All Fields and Return Via Email

REAL ESTATE INSPECTION	
Property Address: _____ Vacant <input type="checkbox"/> Y <input type="checkbox"/> N	
ACCESS: _____ LOCKBOX COMBO: _____	
SELLER INFO: Name: _____ Email: _____ Phone: _____	
SELLING AGENT Name: _____ Company: _____ Email: _____ Phone: _____ Address: _____	
BUYERS AGENT Name: _____ Company: _____ Email: _____ Phone: _____ Address: _____	
SETTLEMENT COMPANY Co: _____ Processor: _____ Phone: _____ Email: _____ Fax: _____ Address: _____	
NOTES:	

Please fill out and return to:

jack.rossi@rossipestservices.com

or

joe.rossi@rossipestservices.com

Rossi Pest Services P.O. Box 8042 Springfield, Virginia 22151
(571)214-7874 & (571)214-7793