LARUE
PEST MANAGEMENT, INC.
www.laruepest.com

(239) 334-0880 Lee
(239) 455-7023 Collier
(941) 743-8535 Charlotte
(800) 330-3323 Toll Free
(239) 369-2064 Fax

Carl.jamerson@gmail.com

#6,4354

Owner/Agent Jamerson Farms Phone H (239) 271-7900 W:

Property at 12500 Green Meadow Rd City Ft. Myers State FL Zip 33913

CONSTRUCTION TYPE
☐ Slab on Grade/Monolithic ☐ Basement
☐ Floating or Supported Slab ☐ Manufactured / Mobile Home
☐ Crawlspace ____ # of Piers ☐ Other

FOUNDATION TYPE
☐ Hollow Block Wall ☐ Piers with Brick Wall or Skirting
☐ Solid Concrete ☐ Open (Piers only)
☐ Double or Triple Brick Wall ☐ Other

VENEER TYPE
☐ None ☐ Stucco
☐ Brick ☐ Stone
☐ Other

Linear Feet around structure
Square footage house & garage

INFESTATION STATUS: ☐ Preventive ☐ Presumptive (affected wood but no live termites) ☐ Existing (affected wood and live termites)

☐ Yes ☐ No Drinking well within 25'?
☐ Yes ☐ No 18" of Clearance in Crawl?
☐ Yes ☐ No Electricity available?
☐ Yes ☐ No Install plumbing access?
☐ Yes ☐ No Debris: ☐ Heavy ☐ Light
☐ Yes ☐ No Earth/wood contact

Scale - ☐ 1 ft. ☐ 2 ft. ☐ 3 ft.

KEY: Frt-front RT-right L-left Cntr-center

Infested Area	Yes	No	Comments
Exterior			
Attic			
Joists			
Girders			
Sills			
Finished Floor			
Sub Floor			
Interior Trim			
Door Frames			
Window Frames			

Key Symbols

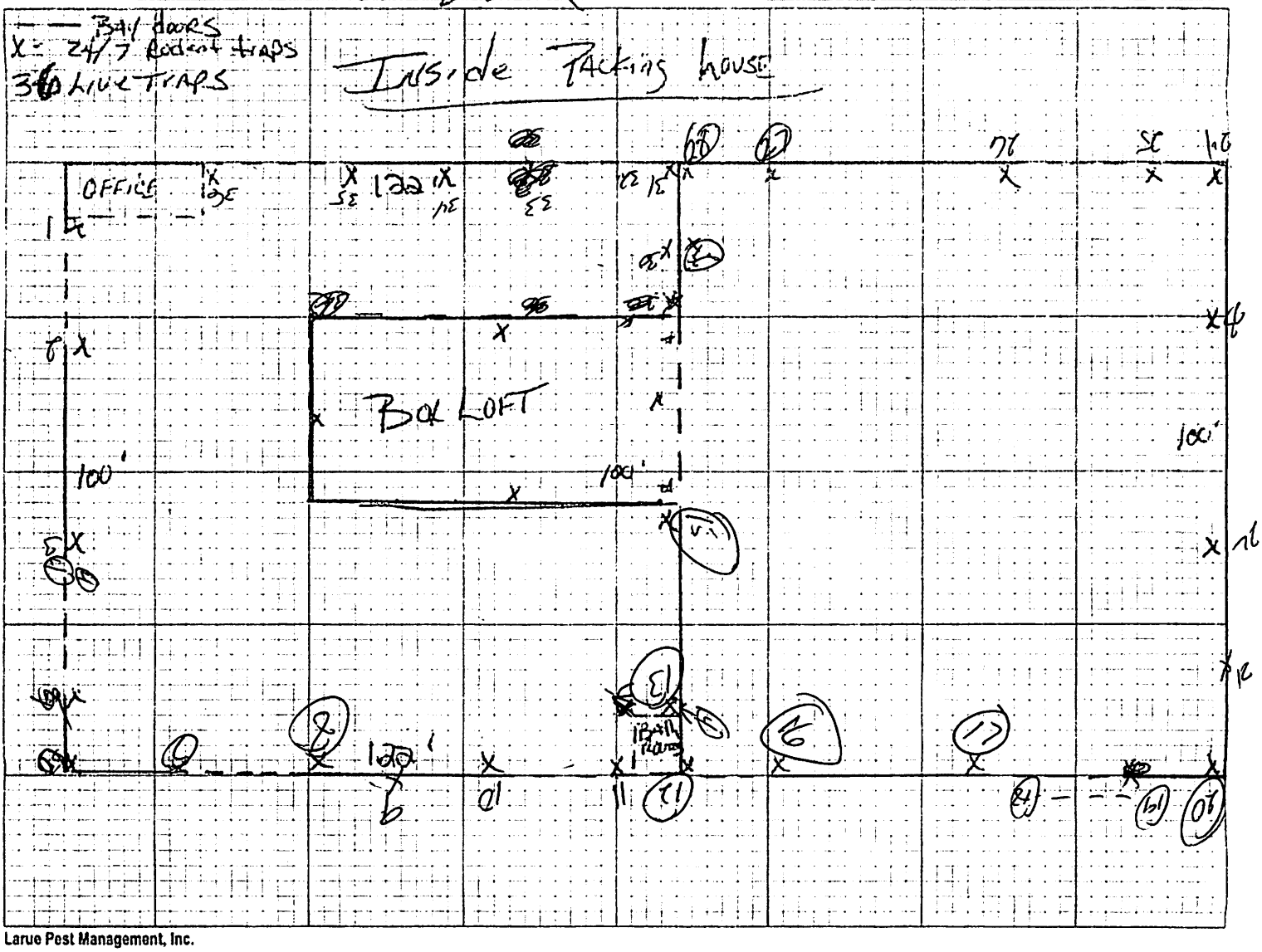
ST	Subterranean termites (evidence of)
DWT	Drywood termites
PPB	Powderpost beetles
WDF	Wood-decaying fungi
MD	Moisture damage
E/W	Earth and wood incontact
PHD	Possible hidden damage
(L)	Before symbol indicates live activity
(X)	After symbol indicates damage

INSPECTIONS ARE OF VISIBLE, ACCESSIBLE AREAS ONLY AND SHOULD NOT BE CONSIDERED A GUARANTEE OF THE ABSENCE OF HIDDEN OR INACCESSIBLE DAMAGE.

TECH. NAME & NUMBER MCREW S DATE OF INSPECTION

TECH. SIGNATURE CUSTOMER SIGNATURE

— — Bait doors
X = 24/7 Rodent traps
36 Live Traps



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3 exterior Box's need To be added
Needs To be labeled & scanned in
packers need To be hung VC4354

Owner/Agent _____ Phone H: _____ W: _____

Property at _____ City _____ State _____ Zip _____

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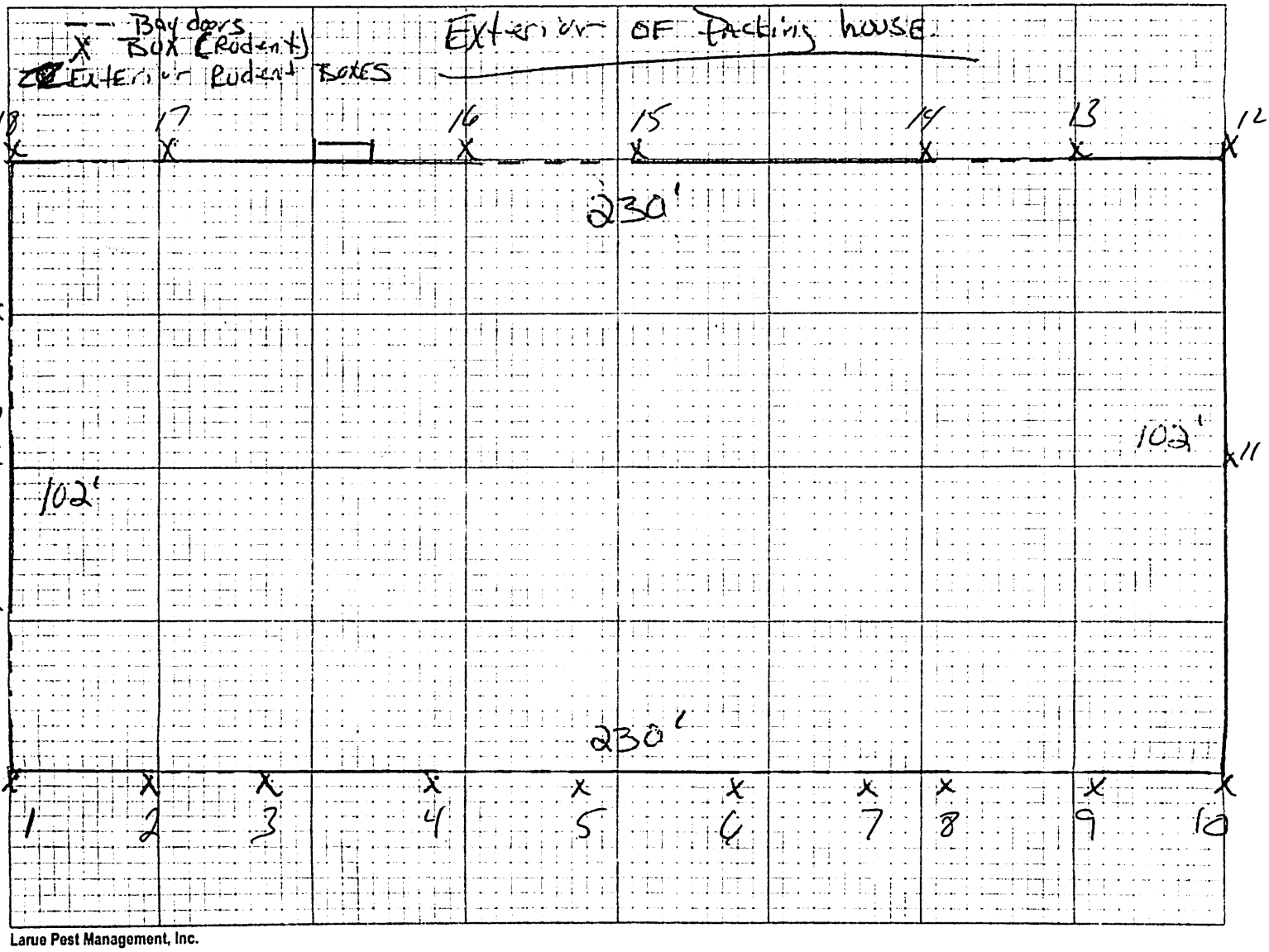
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