Homeowner Questionnaire - Termites

This questionnaire is designed to be completed by all owners who own a unit in the homeowner association property referenced above. Its purpose is to provide valuable information to the board of directors and any pest control company intending to provide a proposal for termite treatment.

Your Name: _____ Unit No: _____

Cell Phone: _____

Have you observed termites? ☐ Yes ☐ No

If so, when did you first discover them: _____

Locations observed:

☐ Attic

☐ Around windows, exterior doors

☐ In kitchen cabinets

☐ In light fixtures

☐ Outside my unit in common area

Has your unit ever been professionally inspected? ☐ Yes ☐ No ☐ Don't know

If so, when: _____

Do you have the report? ☐ Yes ☐ No

If so, please provide it.

If you have observed termites, please scan and email this survey form to:

Coast Management of California

Email to: Tina@CoastManagementofCalifornia.com

Survey Results

If we do not receive a response from you within 10 days, the association will assume you have no issues with termites.

Thank You