



- Charlotte
- Citrus
- Collier
- Desoto
- Hardee
- Hendry
- Hernando
- Highlands
- Hillsborough
- Lee
- Manatee
- Monroe
- Pasco
- Pinellas
- Polk
- Sarasota

6225 Tower Lane • Sarasota, FL 34240 • (800) 226-3139

THIS CONTRACT PROVIDES FOR RETREATMENT OF A STRUCTURE BUT DOES NOT PROVIDE FOR THE REPAIR OF DAMAGES CAUSED BY SUBTERRANEAN TERMITES OR OTHER WOOD DESTROYING ORGANISMS.

SUBTERRANEAN TERMITE CONTROL CONTRACT AND LIMITED WARRANTY

CURLEW LANDINGS A.O.A.
Property Owner ("Owner") or Authorized Agent

Home Telephone _____

2350 Bay Shore Blvd
Street Address of Property Owner or Authorized Agent

Work Telephone _____

DUNNIN FL 34698
City State Zip

Pinellas
County

Fax _____

Description of all Buildings or Structures to be Treated ("Premises") _____

This Agreement is between Owner and Arrow Environmental Services ("Arrow") for the treatment and warranty of the Premises against the infestation of subterranean termites only. This contract does not cover dry wood termites. The treatment is based upon:

RESULTS OF INSPECTION: Existing Infestation Prevention of Infestation Assumption of Previous Warranty

AGREEMENT: Arrow Environmental Services ("Arrow") will provide the necessary service and treatment for the control of native subterranean termites (which includes Formosan termites) for the Premises for the sum of \$ 7645 plus sales tax, if applicable, for a total of \$ 7645, payable in full upon completion of treatment. This contract does not cover dry wood termites. Arrow will reinspect the Premises once each year this agreement is in effect at no additional cost to Owner.

LIMITED WARRANTY: If, within one year after the Date of Initial Treatment (the "Warranty Period"), a live infestation of native subterranean termites is discovered on the Premises, at no cost to the Owner Arrow will repair, only in the area where the live infestation is found, up to \$250,000 of damage to the Premises caused by the termites, provided that the "Additional Terms and Conditions" set forth on the reverse side of this contract are satisfied. Arrow will also retreat the Premises at no additional cost to the Owner. SEE "ADDITIONAL TERMS AND CONDITIONS" ON THE REVERSE SIDE OF THE CONTRACT, WHICH INCLUDE DISCLAIMERS, LIMITATIONS, CONDITIONS, CONDITIONS AND EXCLUSIONS ON ARROW'S OBLIGATION TO REPAIR AND RETREAT THE PREMISES.

RIGHT TO RENEW: Owner may renew the Limited Warranty for up to 1 additional consecutive one-year periods after the Warranty Period upon payment of an annual renewal fee of \$ 1000. The Limited Warranty shall terminate if the annual renewal fee is not received by Arrow prior to the expiration of the initial Warranty Period or any renewal term thereof.

CHEMICAL SENSITIVITY: Upon request, Arrow will provide information about the chemicals to be used in treating the Premises. If Owner or other persons who will be on or near the Premises are or may be sensitive to chemical or odors, the advice of a physician should be obtained before the Premises is treated.

Special conditions: _____ Notice of treatment has been affixed at PAID: 7645\$

Comments: CHK# 8499 F/M 10/06

OWNER'S RIGHT TO CANCEL: THIS IS A HOME SOLICITATION SALE, AND IF YOU DO NOT WANT THE GOODS OR SERVICES, YOU MAY CANCEL THIS AGREEMENT BY PROVIDING WRITTEN NOTICE TO THE SELLER IN PERSON, BY TELEGRAM, OR BY MAIL. THIS NOTICE MUST INDICATE THAT YOU DO NOT WANT THE GOODS OR SERVICES AND MUST BE DELIVERED OR POSTMARKED BEFORE MIDNIGHT OF THE THIRD BUSINESS DAY AFTER YOU SIGN THIS AGREEMENT. IF YOU CANCEL THIS AGREEMENT, THE SELLER MAY NOT KEEP ALL OR PART OF ANY CASH DOWN PAYMENT.

NOTICE TO OWNER: DO NOT SIGN THIS AGREEMENT BEFORE YOU READ AND UNDERSTAND IT OR IF IT CONTAINS ANY BLANK SPACES. You are entitled to an exact copy of this Agreement (signed by you), prior to any payment by you. Keep a copy of this Agreement to protect your legal rights. Services performed, labor and/or materials furnished in accordance with this Agreement are subject to Construction Lien Law of the State of Florida and non-payment under this Agreement may result in a lien being filed against the treated premises. You also are bound by the General Terms and Conditions contained on the reverse of this Agreement.

ARROW ENVIRONMENTAL SERVICES

Agreement accepted by Owner or authorized agent:

By: ANTHONY VICARI

By: F. Scarpitta / Treasurer HOA

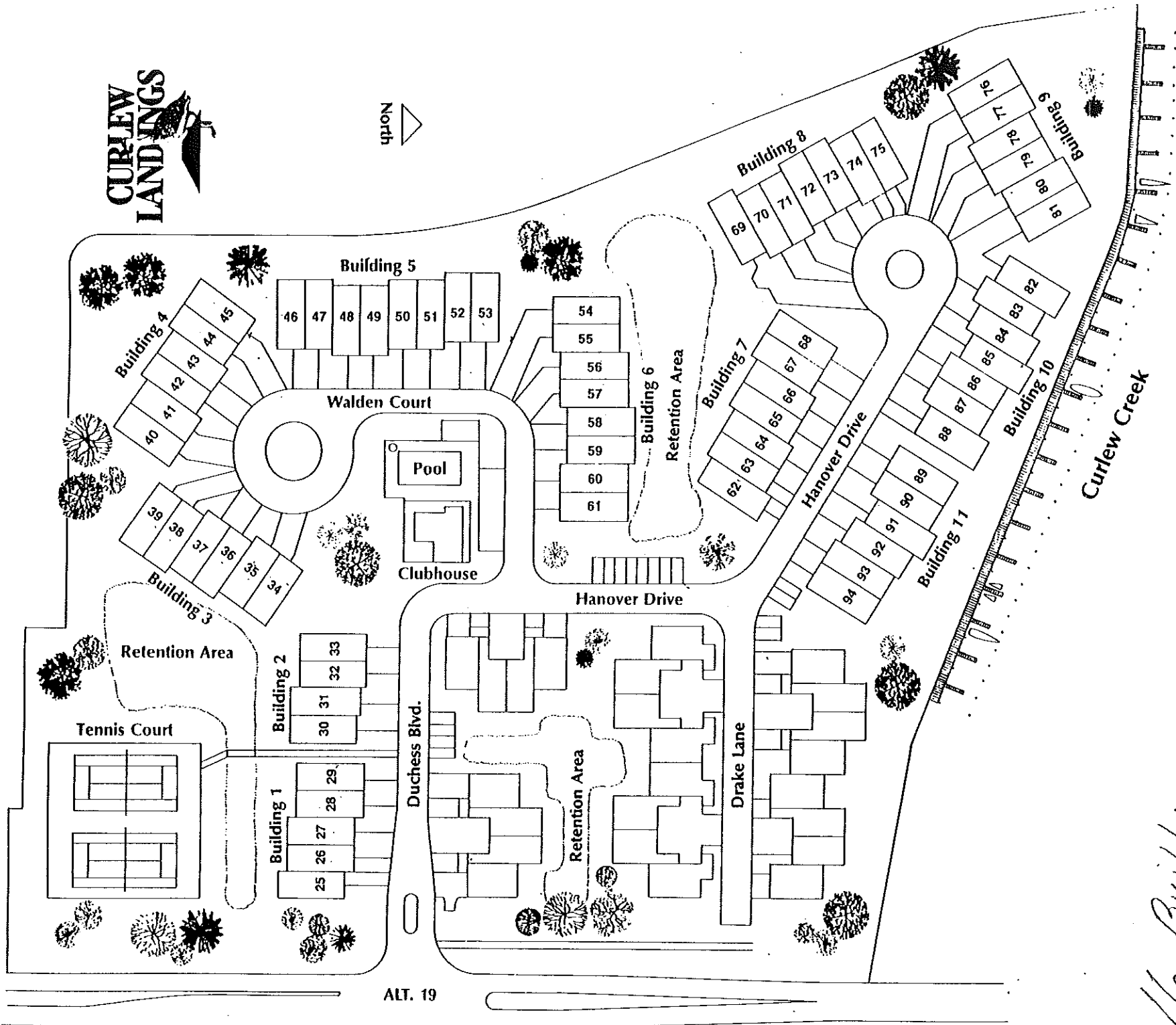
Date of Quote: 5/6/2014

Date Signed: 05/06/14

INTERNAL USE ONLY: Crawl Slab

Quadrant

THE FOLLOWING CONTRACT SECTIONS INCLUDE DISCLAIMERS, LIMITATIONS, CONDITIONS OR EXCLUSIONS APPLICABLE TO ARROW'S OBLIGATION TO REPAIR OR RETREAT THE PROPERTY



ALT. 19

*16 Buildings
Clubhouse included*



INSPECTION GRAPH

<input type="checkbox"/> INSPECTION NOTICE
LOCATION POSTED: _____
DATED: _____
<input type="checkbox"/> TREATMENT NOTICE
LOCATION POSTED: _____
DATED: _____

Owner's Name: CARLEVI LANDINGS Occupant: _____
 Treating Address: 2361-2371 HARVARD City: DUNEDIN State: FL

Home Phone: _____ Business Phone: _____ Inspected By: _____

Lineal Footage: 350 Built Pre 1985? Yes No Year Built _____

Depth to Footer: _____, Front = _____, Right = _____, Rear = _____, Left = _____

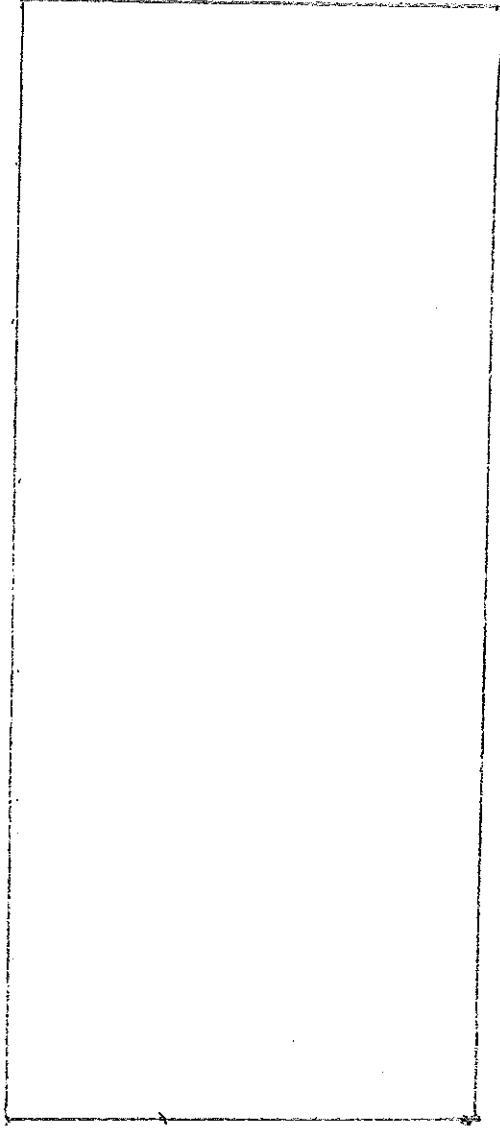
Arrow Manager Acceptance By: _____ Date: _____

Roof Type: _____ Note "Hazard" Locations on Graph: [Water Shut-off Valve (WS) [Gas Meter (GM)

Siding: _____ [Sprinkler System Shut-off Valve (SSP) [Exterior Natural Gas BBQ Grill/Fixture (NGGF)

Primary Use: _____

BUILDING #3



SCALE: 1:1, OTHER _____

CUSTOMER SIGNATURE ON REVISED COPY:

DATE: _____ BY: _____

<input checked="" type="checkbox"/> PREVENTIVE TREATMENT OR CONTROL TREATMENT
<input type="checkbox"/>

KEY TO EVIDENCE OF:
 SUBTERRANEAN TERMITES = X
 DRYWOOD TERMITES = K
 DAMPWOOD TERMITES = Z
 EXISTING DAMAGE = ⊗
 FORMOSAN TERMITES = C

POWDER-POST BEETLES = PPB
 WOOD BORING BEETLES = WB
 FUNGUS = F
 WELL/CISTERN = W/C
 POSSIBLE HIDDEN DAMAGE = PHD

CARPENTER ANTS = CA
 CELLULOSE DEBRIS = CD
 EXCESSIVE MOISTURE = EM
 FAULTY GRADE = FG
 EARTH-WOOD CONTACTS = EC
 INACCESSIBLE AREAS = IA

TYPE OF CONSTRUCTION: ACCESSIBLE CRAWL SPACE INACCESSIBLE CRAWL SPACE BASEMENT MONOLITHIC SLAB FLOATING SLAB SUPPORTED SLAB
 TYPE OF FOUNDATION: CONCRETE HOLLOW BLOCK BRICK STONE OTHER

Property Has A:

1. Well Yes No 7. A/C - Heat Ducts in or Below Slab Yes No 13. Stucco Below Grade Yes No
 2. Cistern Yes No 8. Plenum A/C - Heat System Yes No 14. Styrofoam Insulation or "Dry-Vit" Below Grade Yes No



INSPECTION GRAPH

INSPECTION NOTICE
LOCATION POSTED: _____
DATED: _____

TREATMENT NOTICE
LOCATION POSTED: _____
DATED: _____

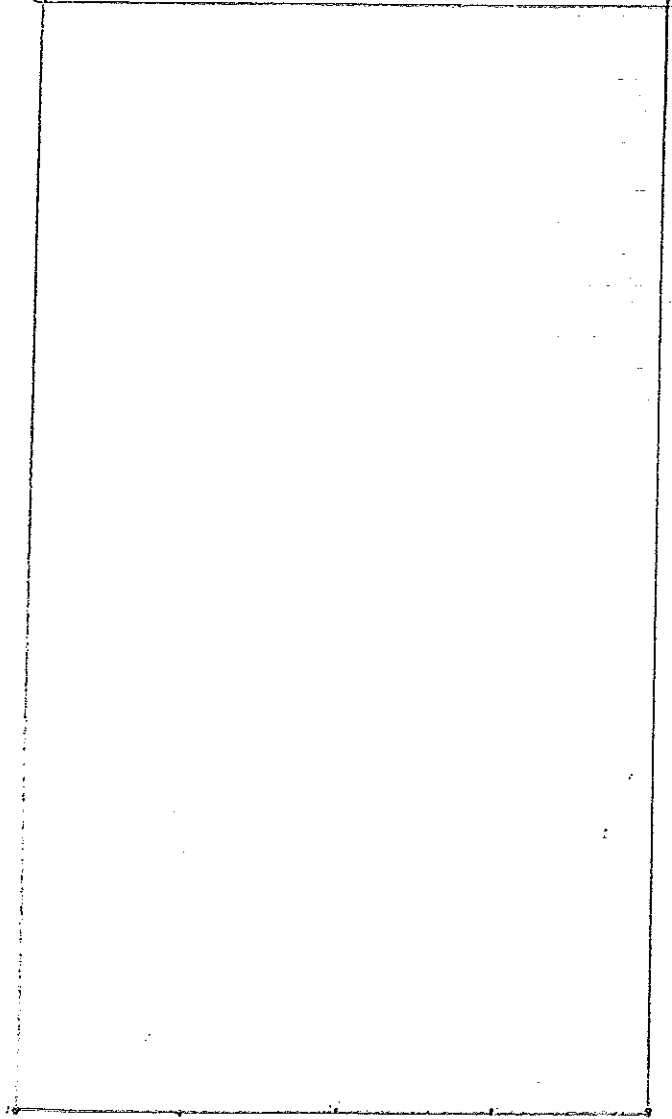
Owner's Name: CARLOW LANDINGS Occupant: _____
 Treating Address: 2373-2385 HANCOCK DR City: DUNEDIN State: FL

Home Phone: _____ Business Phone: _____ Inspected By: 1046
 Lineal Footage: 390 Built Pre 1985? Yes No Year Built _____
 Depth to Footer: _____ Front = _____ Right = _____ Rear = _____ Left = _____
 Arrow Manager Acceptance By: _____ Date: _____

Roof Type: _____
 Siding: _____
 Primary Use: _____

Note "Hazard" Locations on Graph: [] Water Shut-off Valve (WS) [] Gas Meter (GM)
 [] Sprinkler System Shut-off Valve (SSP) [] Exterior Natural Gas BBQ Grill/Fixture (NGF)

BUILDING # 10



SCALE: 1:1, OTHER _____

CUSTOMER SIGNATURE ON REVISED COPY: _____

DATE: _____ BY: _____

PREVENTIVE TREATMENT OR CONTROL TREATMENT

KEY TO EVIDENCE OF:

- SUBTERRANEAN TERMITES = X
- DRYWOOD TERMITES = K
- DAMPWOOD TERMITES = Z
- EXISTING DAMAGE = ⊗
- FORMOSAN TERMITES = C

- POWDER-POST BEETLES = PPB
- WOOD BORING BEETLES = WB
- FUNGUS = F
- WELL/CISTERN = W/C
- POSSIBLE HIDDEN DAMAGE = PHD

- CARPENTER ANTS = CA
- CELLULOSE DEBRIS = CD
- EXCESSIVE MOISTURE = EM
- FAULTY GRADE = FG
- EARTH-WOOD CONTACTS = EC
- INACCESSIBLE AREAS = IA

TYPE OF CONSTRUCTION: ACCESSIBLE CRAWL SPACE INACCESSIBLE CRAWL SPACE BASEMENT MONOLITHIC SLAB FLOATING SLAB SUPPORTED SLAB
 TYPE OF FOUNDATION: CONCRETE HOLLOW BLOCK BRICK STONE OTHER

Property Has A:

1. Well Yes No 7. A/C - Heat Ducts In or Below Slab Yes No 13. Stucco Below Grade Yes No
2. Cistern Yes No 8. Plenum A/C - Heat System Yes No 14. Styrofoam Insulation or "Dry-Vit" Below Grade .. Yes No



INSPECTION GRAPH

INSPECTION NOTICE
LOCATION POSTED: _____
DATED: _____

TREATMENT NOTICE
LOCATION POSTED: _____
DATED: _____

Owner's Name: Carley Landings Occupant: _____
 Treating Address: 2387 - 2397 HAYDEN RD City: DUNDON State: FL

Home Phone: _____ Business Phone: _____ Inspected By: _____

Lineal Footage: 350

Depth to Footer: _____, Front = _____, Right = _____, Rear = _____, Left = _____
 Built Pre 1985? Yes No Year Built _____

Arrow Manager Acceptance By: _____ Date: _____

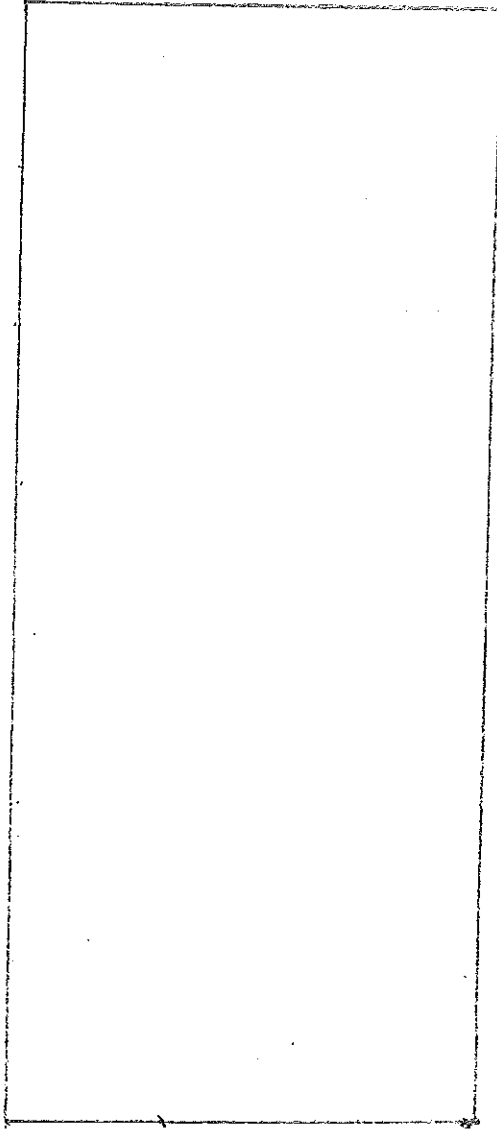
Roof Type: _____

Siding: _____

Primary Use: _____

Note "Hazard" Locations on Graph: [] Water Shut-off Valve (WS) [] Gas Meter (GM)
 [] Sprinkler System Shut-off Valve (SSP) [] Exterior Natural Gas BBQ Grill/Fixture (NGF)

BUILDING # 9



SCALE: 1:1, OTHER _____

CUSTOMER SIGNATURE ON REVISED COPY:

DATE: _____ BY: _____

PREVENTIVE TREATMENT OR CONTROL TREATMENT

- KEY TO EVIDENCE OF:
- SUBTERRANEAN TERMITES = X
 - DRYWOOD TERMITES = K
 - DAMPWOOD TERMITES = Z
 - EXISTING DAMAGE = ⊗
 - FORMOSAN TERMITES = C
 - POWDER-POST BEETLES = PPB
 - WOOD BORING BEETLES = WB
 - FUNGUS = F
 - WELL/CISTERN = W/C
 - POSSIBLE HIDDEN DAMAGE = PHD

- CARPENTER ANTS = CA
- CELLULOSE DEBRIS = CD
- EXCESSIVE MOISTURE = EM
- FAULTY GRADE = FG
- EARTH-WOOD CONTACTS = EC
- INACCESSIBLE AREAS = IA

TYPE OF CONSTRUCTION: ACCESSIBLE CRAWL SPACE INACCESSIBLE CRAWL SPACE BASEMENT MONOLITHIC SLAB FLOATING SLAB SUPPORTED SLAB

TYPE OF FOUNDATION: CONCRETE HOLLOW BLOCK BRICK STONE OTHER

Property Has A:

1. Well Yes No 7. A/C - Heat Ducts In or Below Slab Yes No 13. Stucco Below Grade Yes No
2. Cistern Yes No 8. Plenum A/C - Heat System Yes No 14. Styrofoam Insulation or "Dry-Vit" Below Grade .. Yes No



INSPECTION GRAPH

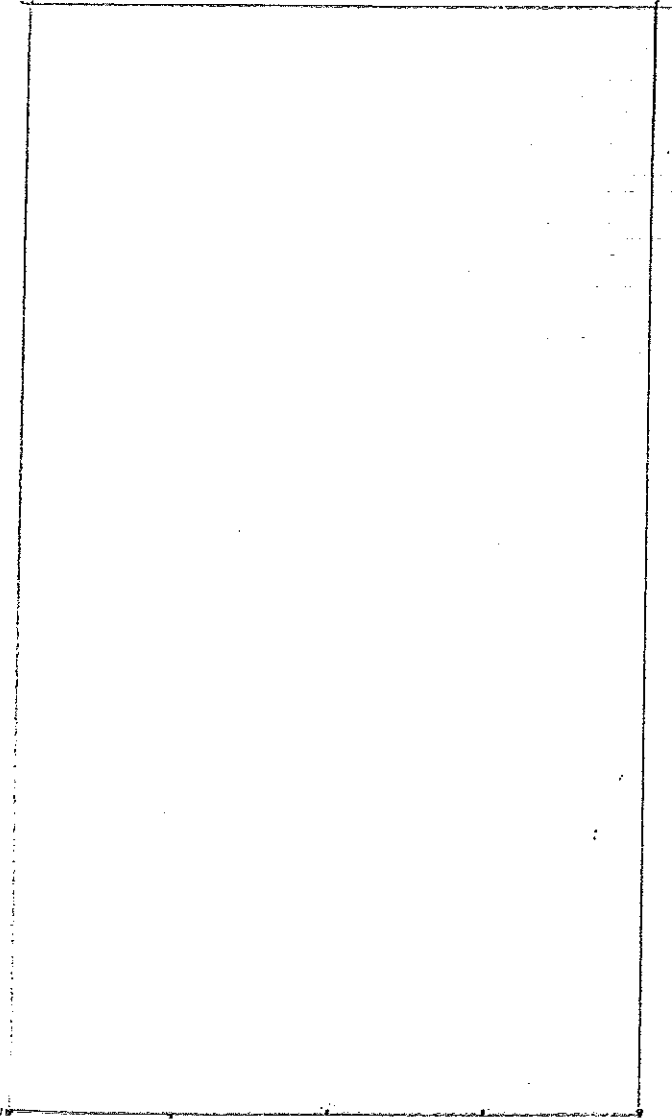
<input type="checkbox"/> INSPECTION NOTICE
LOCATION POSTED: _____
DATED: _____
<input type="checkbox"/> TREATMENT NOTICE
LOCATION POSTED: _____
DATED: _____

Owner's Name: CAROLAN LANDINGS Occupant: _____ State: FL
 Treating Address: 2387-2394 HANORE DR City: DUNEDIN

Home Phone: _____ Business Phone: _____ Inspected By: 1046
 Lineal Footage: 390 Built Pre 1985? Yes No Year Built _____
 Depth to Footer: _____ Front = _____, Right = _____, Rear = _____, Left = _____

Arrow Manager Acceptance By: _____ Date: _____
 Roof Type: _____ Note "Hazard" Locations on Graph: [] Water Shut-off Valve (WS) [] Gas Meter (GM)
 Siding: _____ [] Sprinkler System Shut-off Valve (SSP) [] Exterior Natural Gas BBQ Grill/Fixture (NGF)
 Primary Use: _____

BUILDING # 8



SCALE: 1:1, OTHER _____

CUSTOMER SIGNATURE ON REVISED COPY:

DATE: _____ BY: _____

<input checked="" type="checkbox"/> PREVENTIVE TREATMENT OR CONTROL TREATMENT
<input type="checkbox"/> _____

KEY TO EVIDENCE OF:
 SUBTERRANEAN TERMITES = X
 DRYWOOD TERMITES = K
 DAMPWOOD TERMITES = Z
 EXISTING DAMAGE = ⊗
 FORMOSAN TERMITES = C

POWDER-POST BEETLES = PPB
 WOOD BORING BEETLES = WB
 FUNGUS = F
 WELL/CISTERN = W/C
 POSSIBLE HIDDEN DAMAGE = PHD

CARPENTER ANTS = CA
 CELLULOSE DEBRIS = CD
 EXCESSIVE MOISTURE = EM
 FAULTY GRADE = FG
 EARTH-WOOD CONTACTS = EC
 INACCESSIBLE AREAS = IA

TYPE OF CONSTRUCTION: ACCESSIBLE CRAWL SPACE INACCESSIBLE CRAWL SPACE BASEMENT MONOLITHIC SLAB FLOATING SLAB SUPPORTED SLAB
 TYPE OF FOUNDATION: CONCRETE HOLLOW BLOCK BRICK STONE OTHER

Property Has A:

- Well: Yes No 7. A/C - Heat Ducts In or Below Slab: Yes No 13. Stucco Below Grade: Yes No
- Cistern: Yes No 8. Plenum A/C - Heat System: Yes No 14. Styrofoam Insulation or "Dry-Vit" Below Grade: Yes No



INSPECTION GRAPH

INSPECTION NOTICE
LOCATION POSTED: _____

DATED: _____

TREATMENT NOTICE
LOCATION POSTED: _____

DATED: _____

Owner's Name: Carl Lewis Landings Occupant: _____

Treating Address: 2364-2376 Harbor City: DIVIDIN State: FL

Home Phone: _____ Business Phone: _____ Inspected By: 1046

Lineal Footage: 390 Built Pre 1985? Yes No

Depth to Footer: _____ Front = _____, Right = _____, Rear = _____, Left = _____

Arrow Manager Acceptance By: _____ Date: _____

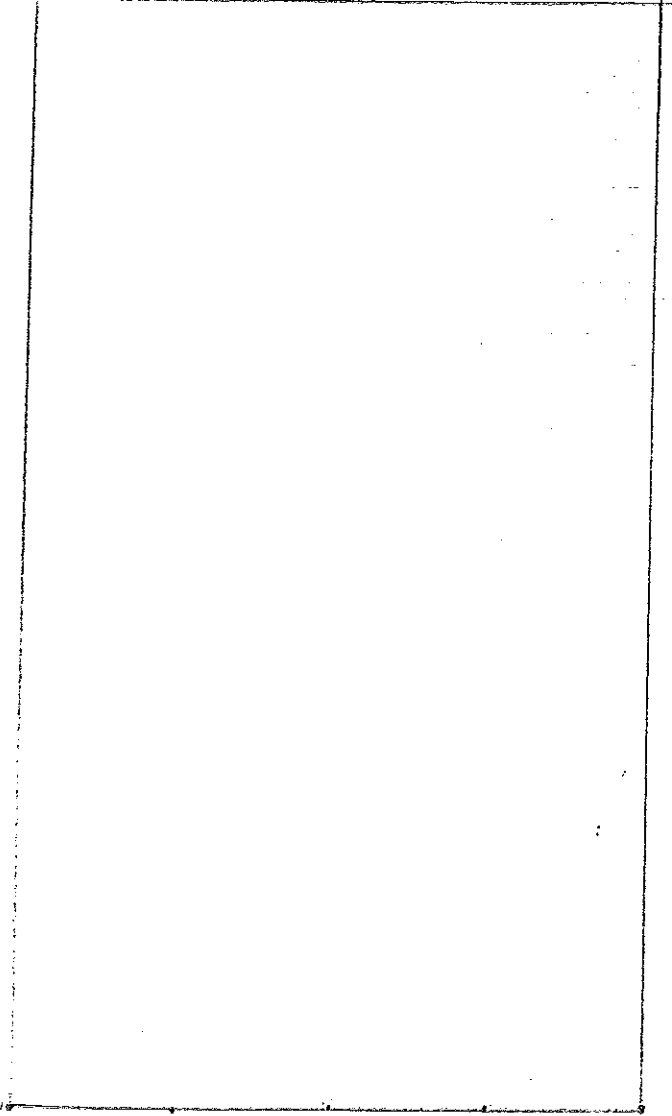
Roof Type: _____

Siding: _____

Primary Use: _____

Note "Hazard" Locations on Graph: [] Water Shut-off Valve (WS) [] Gas Meter (GM)
[] Sprinkler System Shut-off Valve (SSP) [] Exterior Natural Gas BBQ Grill/Fixture (NGF)

BUILDING #7



SCALE: 1:1. OTHER _____

CUSTOMER SIGNATURE ON REVISED COPY:

DATE: _____ BY: _____

PREVENTIVE TREATMENT OR CONTROL TREATMENT

KEY TO EVIDENCE OF:

- SUBTERRANEAN TERMITES = X
- DRYWOOD TERMITES = K
- DAMPWOOD TERMITES = Z
- EXISTING DAMAGE = ⊗
- FORMOSAN TERMITES = C

- POWDER-POST BEETLES = PPB
- WOOD BORING BEETLES = WB
- FUNGUS = F
- WELL/CISTERN = W/C
- POSSIBLE HIDDEN DAMAGE = PHD

- CARPENTER ANTS = CA
- CELLULOSE DEBRIS = CD
- EXCESSIVE MOISTURE = EM
- FAULTY GRADE = FG
- EARTH-WOOD CONTACTS = EC
- INACCESSIBLE AREAS = IA

TYPE OF CONSTRUCTION: ACCESSIBLE CRAWL SPACE INACCESSIBLE CRAWL SPACE BASEMENT MONOLITHIC SLAB FLOATING SLAB SUPPORTED SLAB

TYPE OF FOUNDATION: CONCRETE HOLLOW BLOCK BRICK STONE OTHER

Property Has A:

1. Well: _____ Yes No 7. A/C - Heat Ducts in or Below Slab: _____ Yes No 13. Stucco Below Grade: _____ Yes No
2. Cistern: _____ Yes No 8. Plenum A/C - Heat System: _____ Yes No 14. Styrofoam Insulation or "Dry-Vit" Below Grade: _____ Yes No



INSPECTION GRAPH

INSPECTION NOTICE
LOCATION POSTED: _____
DATED: _____

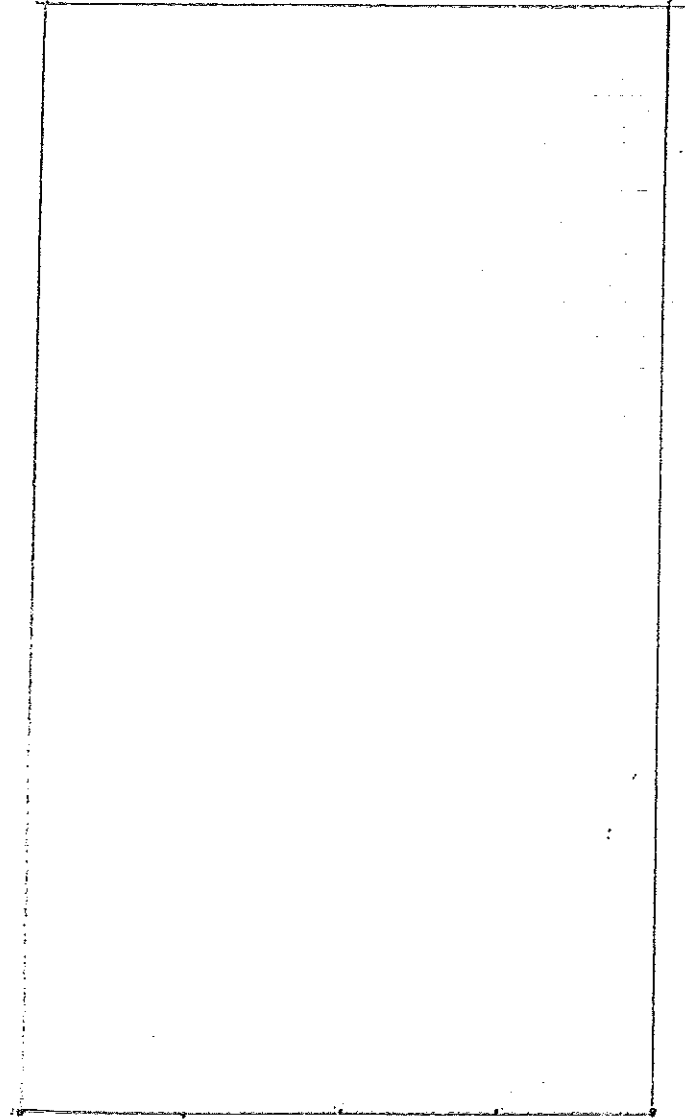
TREATMENT NOTICE
LOCATION POSTED: _____
DATED: _____

Owner's Name: CARLOW LANDINGS Occupant: _____
 Treating Address: 570-598 City: DUNEDIN State: FL

Home Phone: _____ Business Phone: _____ Inspected By: 1046
 Lineal Footage: 450 Built Pre 1985? Yes No Year Built _____
 Depth to Footer: _____, Front = _____, Right = _____, Rear = _____, Left = _____
 Arrow Manager Acceptance By: _____ Date: _____

Roof Type: _____
 Siding: _____
 Primary Use: _____

BUILDING # 6



SCALE: 1:1 OTHER _____ CUSTOMER SIGNATURE ON REVISED COPY: _____
 DATE: _____ BY: _____

PREVENTIVE TREATMENT OR CONTROL TREATMENT

- KEY TO EVIDENCE OF:
- SUBTERRANEAN TERMITES = X
 - DRYWOOD TERMITES = K
 - DAMPWOOD TERMITES = Z
 - EXISTING DAMAGE = ⊗
 - FORMOSAN TERMITES = C
 - POWDER-POST BEETLES = PPB
 - WOOD BORING BEETLES = WB
 - FUNGUS = F
 - WELL/CISTERN = W/C
 - POSSIBLE HIDDEN DAMAGE = PHD
 - CARPENTER ANTS = CA
 - CELLULOSE DEBRIS = CD
 - EXCESSIVE MOISTURE = EM
 - FAULTY GRADE = FG
 - EARTH-WOOD CONTACTS = EC
 - INACCESSIBLE AREAS = IA

TYPE OF CONSTRUCTION: ACCESSIBLE CRAWL SPACE INACCESSIBLE CRAWL SPACE BASEMENT MONOLITHIC SLAB FLOATING SLAB SUPPORTED SLAB
 TYPE OF FOUNDATION: CONCRETE HOLLOW BLOCK BRICK STONE OTHER

Property Has A:
 1. Well Yes No 7. A/C - Heat Ducts in or Below Slab Yes No 13. Stucco Below Grade Yes No
 2. Cistern Yes No 8. Plenum A/C - Heat System Yes No 14. Styrofoam Insulation or "Dry-Vit" Below Grade .. Yes No



INSPECTION GRAPH

INSPECTION NOTICE
LOCATION POSTED: _____

DATED: _____

TREATMENT NOTICE
LOCATION POSTED: _____

DATED: _____

Owner's Name: Carlson Landings Occupant: _____

Treating Address: 538-560 Walnut Ct City: Durham State: FL

Home Phone: _____ Business Phone: _____

Lineal Footage: 450 Inspected By: 1046

Depth to Footer: _____ Front = _____ Right = _____ Rear = _____ Left = _____

Arrow Manager Acceptance By: _____ Date: _____

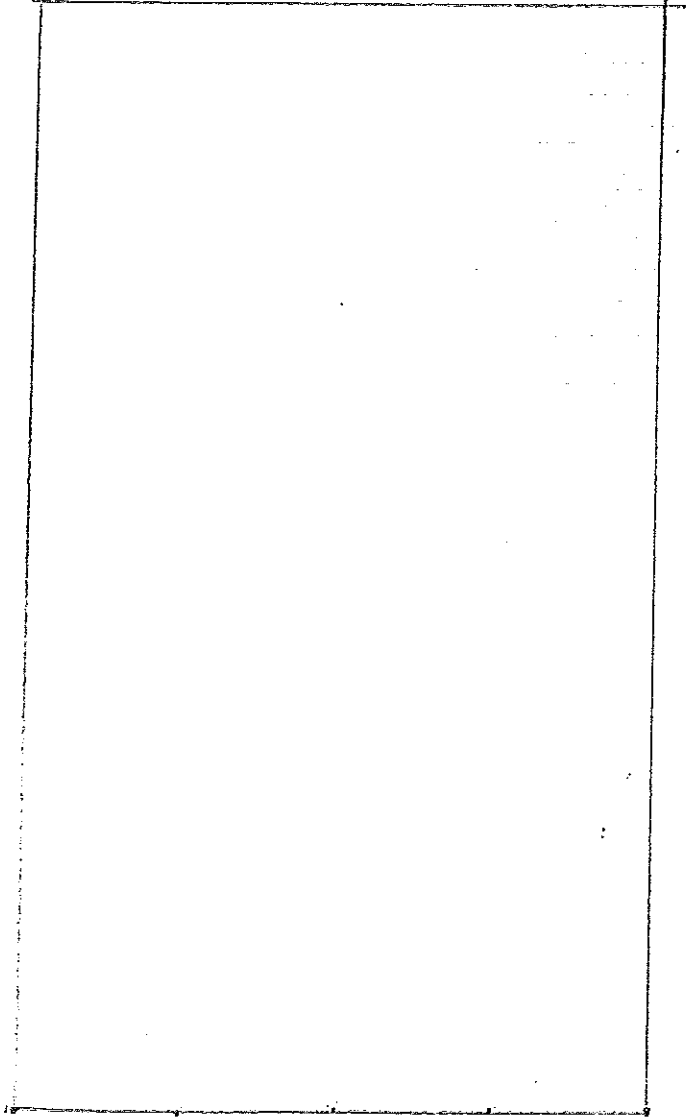
Roof Type: _____

Siding: _____

Primary User: _____

Note "Hazard" Locations on Graph: [] Water Shut-off Valve (WS) [] Gas Meter (GM)
[] Sprinkler System Shut-off Valve (SSP) [] Exterior Natural Gas BBQ Grill/Fixture (NGF)

BUILDING #5



SCALE: 1:1, OTHER _____ CUSTOMER SIGNATURE ON REVISED COPY: _____

DATE: _____ BY: _____

PREVENTIVE TREATMENT OR CONTROL TREATMENT

KEY TO EVIDENCE OF:

- SUBTERRANEAN TERMITES = X
- DRYWOOD TERMITES = K
- DAMPWOOD TERMITES = Z
- EXISTING DAMAGE = ⊗
- FORMOSAN TERMITES = C
- POWDER-POST BEETLES = PPB
- WOOD BORING BEETLES = WB
- FUNGUS = F
- WELL/CISTERN = W/C
- POSSIBLE HIDDEN DAMAGE = PHD
- CARPENTER ANTS = CA
- CELLULOSE DEBRIS = CD
- EXCESSIVE MOISTURE = EM
- FAULTY GRADE = FG
- EARTH-WOOD CONTACTS = EC
- INACCESSIBLE AREAS = IA

TYPE OF CONSTRUCTION: ACCESSIBLE CRAWL SPACE INACCESSIBLE CRAWL SPACE BASEMENT MONOLITHIC SLAB FLOATING SLAB SUPPORTED SLAB

TYPE OF FOUNDATION: CONCRETE HOLLOW BLOCK BRICK STONE OTHER

Property Has A:

1. Well Yes No 7. A/C - Heat Ducts In or Below Slab Yes No 13. Stucco Below Grade Yes No

2. Cistern Yes No 8. Plenum A/C - Heat System Yes No 14. Styrofoam Insulation or "Dry-Vit" Below Grade .. Yes No



INSPECTION GRAPH

INSPECTION NOTICE
LOCATION POSTED: _____
DATED: _____

TREATMENT NOTICE
LOCATION POSTED: _____
DATED: _____

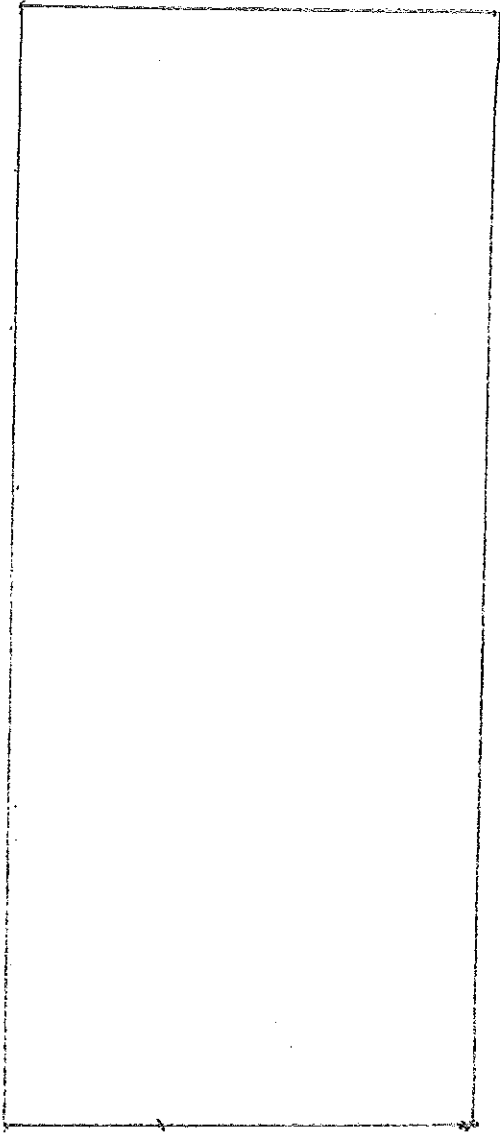
Owner's Name: LOWERY LANDINGS Occupant: _____
 Treating Address: 514-534 WOODEN CT City: DUNDON State: FL

Home Phone: _____ Business Phone: _____ Inspected By: _____
 Lineal Footage: 350 Built Pre 1985? Yes No Year Built _____
 Depth to Footer: _____, Front = _____, Right = _____, Rear = _____, Left = _____
 Arrow Manager Acceptance By: _____ Date: _____

Roof Type: _____
 Siding: _____
 Primary Use: _____

Note "Hazard" Locations on Graph: Water Shut-off Valve (WS) Gas Meter (GM)
 Sprinkler System Shut-off Valve (SSP) Exterior Natural Gas BBQ Grill/Fixture (NGF)

BUILDING # 4



SCALE: 1:1, OTHER _____

CUSTOMER SIGNATURE ON REVISED COPY:

DATE: _____ BY: _____

PREVENTIVE TREATMENT OR CONTROL TREATMENT

KEY TO EVIDENCE OF:

- SUBTERRANEAN TERMITES = X
- DRYWOOD TERMITES = K
- DAMPWOOD TERMITES = Z
- EXISTING DAMAGE = ⊗
- FORMOSAN TERMITES = C

- POWDER-POST BEETLES = PPB
- WOOD BORING BEETLES = WB
- FUNGUS = F
- WELL/CISTERN = W/C
- POSSIBLE HIDDEN DAMAGE = PHD

- CARPENTER ANTS = CA
- CELLULOSE DEBRIS = CD
- EXCESSIVE MOISTURE = EM
- FAULTY GRADE = FG
- EARTH-WOOD CONTACTS = EC
- INACCESSIBLE AREAS = IA

TYPE OF CONSTRUCTION: ACCESSIBLE CRAWL SPACE INACCESSIBLE CRAWL SPACE BASEMENT MONOLITHIC SLAB FLOATING SLAB SUPPORTED SLAB
 TYPE OF FOUNDATION: CONCRETE HOLLOW BLOCK BRICK STONE OTHER

Property Has A:

1. Well Yes No 7. A/C - Heat Ducts in or Below Slab Yes No 13. Stucco Below Grade Yes No
2. Cistern Yes No 8. Plenum A/C - Heat System Yes No 14. Styrofoam Insulation or "Dry-Vit" Below Grade Yes No



INSPECTION GRAPH

INSPECTION NOTICE
LOCATION POSTED: _____

DATED: _____

TREATMENT NOTICE
LOCATION POSTED: _____

DATED: _____

Owner's Name: CADLEY LANDINGS Occupant: _____ State: VT

Treating Address: 539 - 549 WALDEN CT City: DUNELIN

Home Phone: _____ Business Phone: _____ Inspected By: _____

Lineal Footage: 350 Built Pre 1985? Yes No Year Built _____

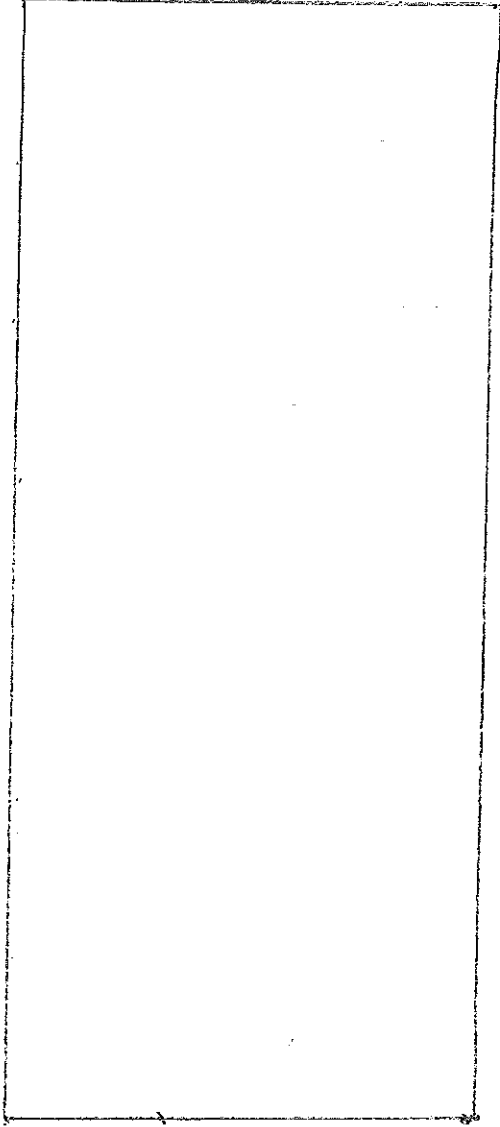
Depth to Footer: _____, Front = _____, Right = _____, Rear = _____, Left = _____

Arrow Manager Acceptance By: _____ Date: _____

Roof Type: _____ Note "Hazard" Locations on Graph: Water Shut-off Valve (WS) Gas Meter (GM)

Siding: _____ Sprinkler System Shut-off Valve (SSP) Exterior Natural Gas BBQ Grill/Fixture (NGF)

Primary Use: _____ **BUILDING #3**



SCALE: 1:1, OTHER _____

CUSTOMER SIGNATURE ON REVISED COPY:

DATE: _____ BY: _____

PREVENTIVE TREATMENT OR CONTROL TREATMENT

KEY TO EVIDENCE OF:

- SUBTERRANEAN TERMITES = X
- DRYWOOD TERMITES = K
- DAMPWOOD TERMITES = Z
- EXISTING DAMAGE =
- FORMOSAN TERMITES = C

- POWDER-POST BEETLES = PPB
- WOOD BORING BEETLES = WB
- FUNGUS = F
- WELL/CISTERN = W/C
- POSSIBLE HIDDEN DAMAGE = PHD

- CARPENTER ANTS = CA
- CELLULOSE DEBRIS = CD
- EXCESSIVE MOISTURE = EM
- FAULTY GRADE = FG
- EARTH-WOOD CONTACTS = EC
- INACCESSIBLE AREAS = IA

TYPE OF CONSTRUCTION: ACCESSIBLE CRAWL SPACE INACCESSIBLE CRAWL SPACE BASEMENT MONOLITHIC SLAB FLOATING SLAB SUPPORTED SLAB

TYPE OF FOUNDATION: CONCRETE HOLLOW BLOCK BRICK STONE OTHER

Property Has A:

1. Well Yes No 7. A/C - Heat Ducts in or Below Slab Yes No 13. Stucco Below Grade Yes No
2. Cistern Yes No 8. Plenum A/C - Heat System Yes No 14. Styrofoam Insulation or "Dry-Vit" Below Grade .. Yes No



INSPECTION GRAPH

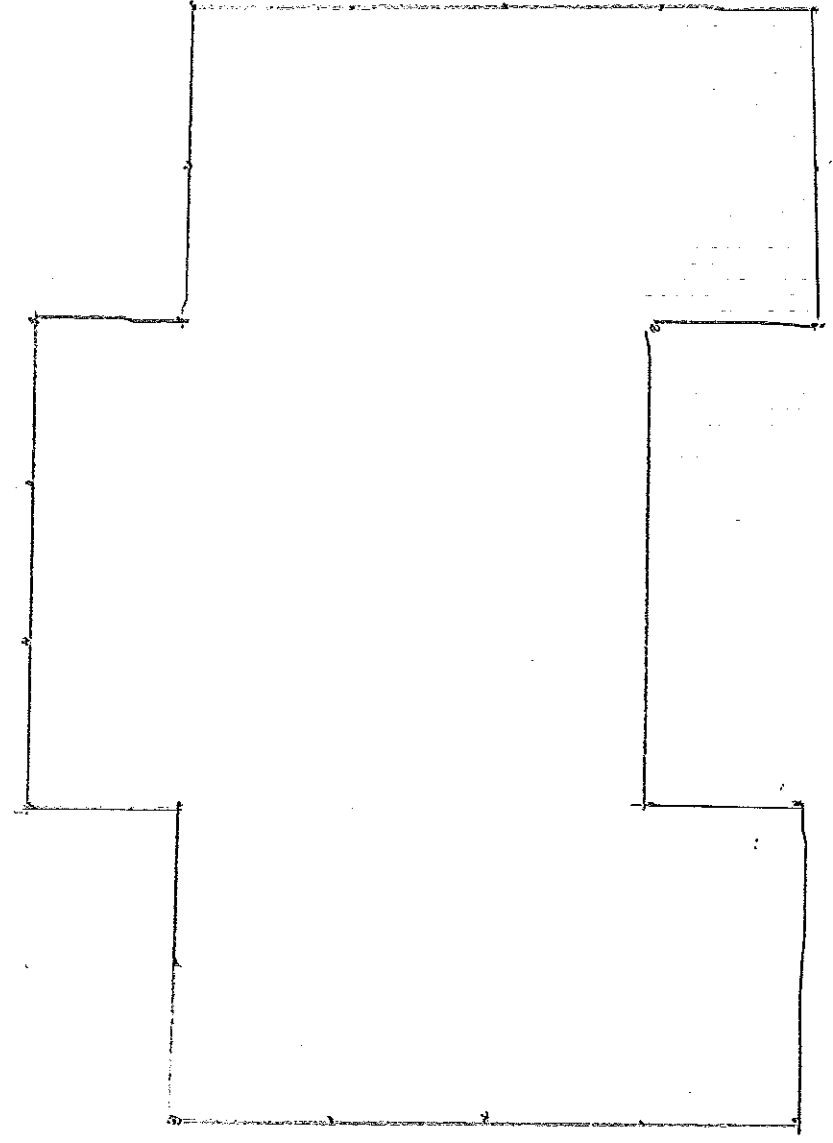
INSPECTION NOTICE
LOCATION POSTED: _____
DATED: _____

TREATMENT NOTICE
LOCATION POSTED: _____
DATED: _____

Owner's Name: CARLEW LAYDING Occupant: _____
 Treating Address: 630-642 DUCKS City: DUNN State: FL

Home Phone: _____ Business Phone: _____ Inspected By: 10416
 Lineal Footage: 375 Built Pre 1985? Yes No Year Built _____
 Depth to Footer: _____, Front = _____, Rear = _____, Left = _____
 Arrow Manager Acceptance By: _____ Date: _____

Roof Type: _____ Note "Hazard" Locations on Graph: [] Water Shut-off Valve (WS) [] Gas Meter (GM)
 Siding: _____ [] Sprinkler System Shut-off Valve (SSP) [] Exterior Natural Gas BBQ Grill/Fixture (NGFF)
 Primary Use: _____



SCALE: 1:1 OTHER _____

CUSTOMER SIGNATURE ON REVISED COPY: _____

DATE: _____ BY: _____

PREVENTIVE TREATMENT OR CONTROL TREATMENT

KEY TO EVIDENCE OF:
 SUBTERRANEAN TERMITES = X
 DRYWOOD TERMITES = K
 DAMPWOOD TERMITES = Z
 EXISTING DAMAGE = ⊗
 FORMOSAN TERMITES = C

POWDER-POST BEETLES = PPB
 WOOD BORING BEETLES = WB
 FUNGUS = F
 WELLS/CISTERN = W/C
 POSSIBLE HIDDEN DAMAGE = PHD
 CARPENTER ANTS = CA
 CELLULOSE DEBRIS = CD
 EXCESSIVE MOISTURE = EM
 FAULTY GRADE = FG
 EARTH-WOOD CONTACTS = EC
 INACCESSIBLE AREAS = IA

TYPE OF CONSTRUCTION: ACCESSIBLE CRAWL SPACE INACCESSIBLE CRAWL SPACE BASEMENT MONOLITHIC SLAB FLOATING SLAB SUPPORTED SLAB
 TYPE OF FOUNDATION: CONCRETE HOLLOW BLOCK BRICK STONE OTHER

Property Has A:

- Well: Yes No
- Cistern: Yes No
- A/C - Heat Ducts In or Below Slab: Yes No
- Stucco Below Grade: Yes No
- Plenum A/C - Heat System: Yes No
- Dry-Vit Below Grade: Yes No
- Styrofoam Insulation: Yes No
- Other: Yes No



INSPECTION GRAPH

INSPECTION NOTICE
LOCATION POSTED: _____
DATED: _____

TREATMENT NOTICE
LOCATION POSTED: _____
DATED: _____

Owner's Name: Shirley Livingston Occupant: _____ State: FL

Treating Address: 617-645 Drake Ln City: DUNEDIN

Home Phone: _____ Business Phone: _____ Inspected By: 1046

Lineal Footage: 300

Depth to Footer: _____ Front = _____ Right = _____ Built Pre 1985? Yes No

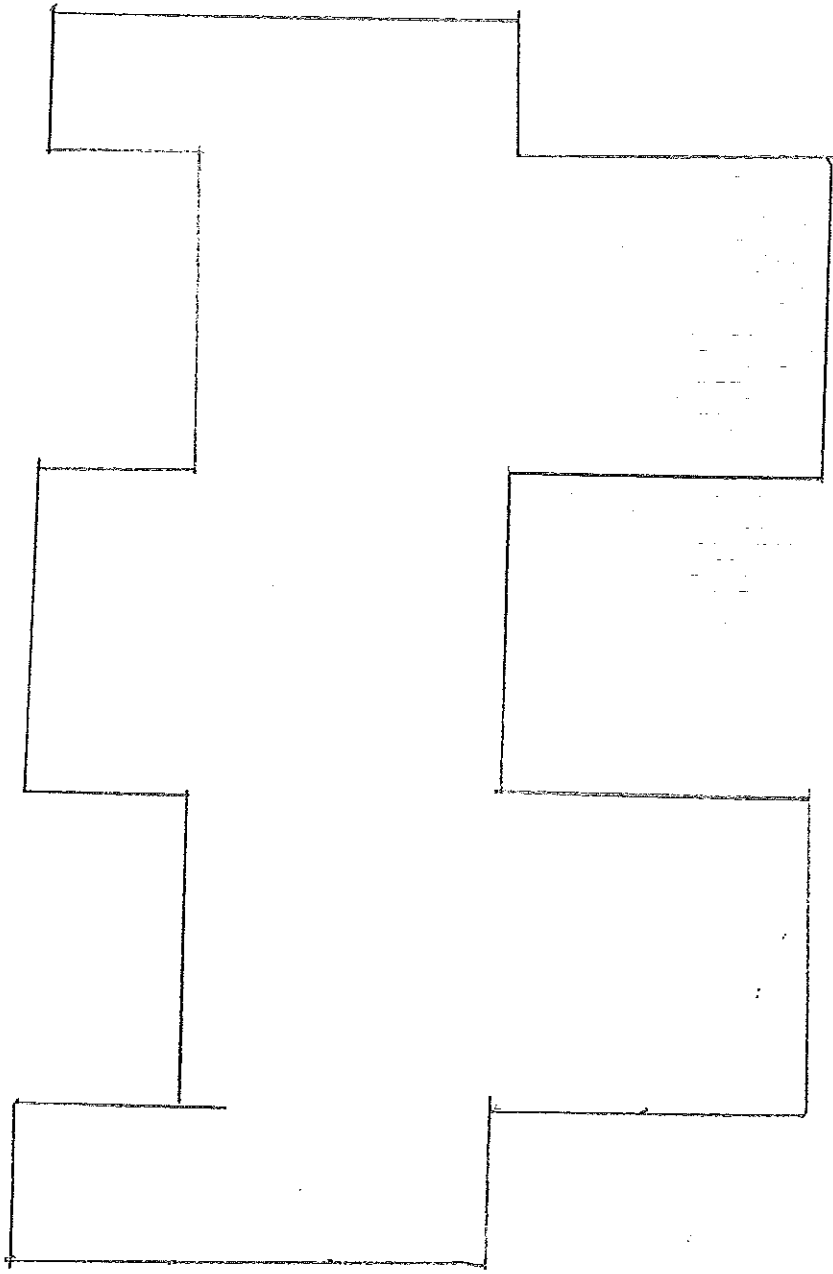
Arrow Manager Acceptance By: _____ Rear = _____ Left = _____ Date: _____

Roof Type: _____

Siding: _____

Primary Use: _____

Note "Hazard" Locations on Graph: [] Water Shut-off Valve (WS) [] Gas Meter (GM)
[] Sprinkler System Shut-off Valve (SSP) [] Exterior Natural Gas BBQ Grill/Fixture (NGF)



SCALE: 1:1, OTHER _____

CUSTOMER SIGNATURE ON REVISED COPY: _____ BY: _____ DATE: _____

<input checked="" type="checkbox"/> PREVENTIVE TREATMENT OR CONTROL TREATMENT	<input type="checkbox"/> SUBTERRANEAN TERMITES = X	<input type="checkbox"/> POWDER-POST BEETLES = PPB	<input type="checkbox"/> CARPENTER ANTS = CA
	<input type="checkbox"/> DRYWOOD TERMITES = K	<input type="checkbox"/> WOOD BORING BEETLES = WB	<input type="checkbox"/> CELLULOSE DEBRIS = CD
	<input type="checkbox"/> DAMPWOOD TERMITES = Z	<input type="checkbox"/> FUNGUS = F	<input type="checkbox"/> EXCESSIVE MOISTURE = EM
	<input type="checkbox"/> EXISTING DAMAGE = ⊗	<input type="checkbox"/> WELL/CISTERN = W/C	<input type="checkbox"/> FAULTY GRADE = FG
	<input type="checkbox"/> FORMOSAN TERMITES = C	<input type="checkbox"/> POSSIBLE HIDDEN DAMAGE = PHD	<input type="checkbox"/> EARTH-WOOD CONTACTS = EC

TYPE OF CONSTRUCTION: ACCESSIBLE CRAWL SPACE INACCESSIBLE CRAWL SPACE BASEMENT MONOLITHIC SLAB FLOATING SLAB SUPPORTED SLAB

TYPE OF FOUNDATION: CONCRETE HOLLOW BLOCK BRICK STONE OTHER

Property Has A:

1. Well _____ 7. A/C - Heat Ducts In or Below Slab _____ Yes No 13. Stucco Below Grade _____ Yes No

2. Cistern _____ 8. Plenum A/C - Heat System _____ Yes No 14. Styrofoam Insulation or "Dry-Vit" Below Grade _____ Yes No



INSPECTION GRAPH

INSPECTION NOTICE
LOCATION POSTED: _____

DATED: _____

TREATMENT NOTICE
LOCATION POSTED: _____

DATED: _____

Owner's Name: SARLOW LABORATORIES Occupant: _____

Treating Address: GILGIZ DRAG LA City: DUNEDIN State: FL

Home Phone: _____ Business Phone: _____ Inspected By: 1046

Lineal Footage: 300 Built Pre 1985? Yes No Year Built _____

Depth to Footer: _____ Front = _____ Right = _____ Rear = _____ Left = _____

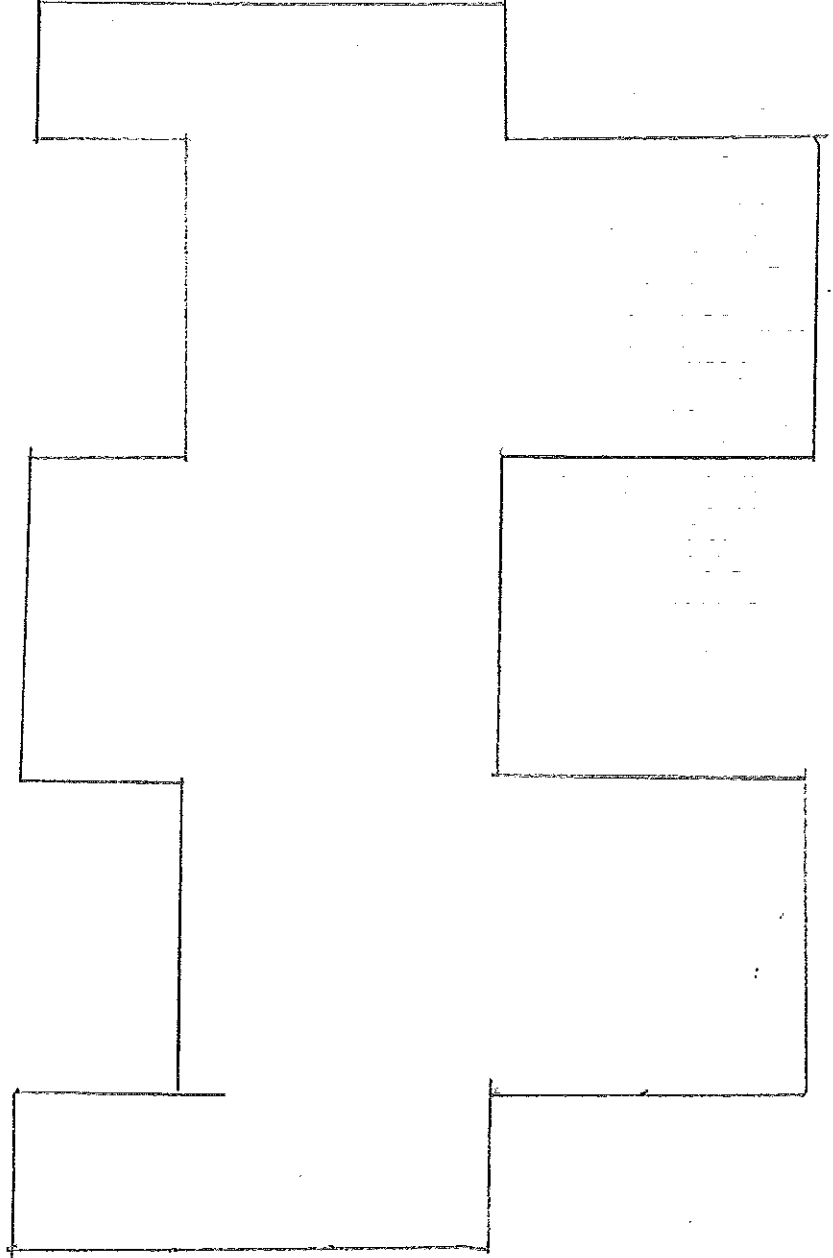
Arrow Manager Acceptance By: _____ Date: _____

Roof Type: _____

Siding: _____

Primary Use: _____

Note "Hazard" Locations on Graph: [Water Shut-off Valve (WS) [Gas Meter (GM)
[Sprinkler System Shut-off Valve (SSP) [Exterior Natural Gas BBQ Grill/Fixture (NGF)



SCALE: 1:1, OTHER _____

CUSTOMER SIGNATURE ON REVISED COPY: _____

DATE: _____ BY: _____

PREVENTIVE TREATMENT OR CONTROL TREATMENT

KEY TO EVIDENCE OF:

- SUBTERRANEAN TERMITES = X
- DRYWOOD TERMITES = K
- DAMPWOOD TERMITES = Z
- EXISTING DAMAGE = ⊗
- FORMOSAN TERMITES = C

- POWDER-POST BEETLES = PPB
- WOOD BORING BEETLES = WB
- FUNGUS = F
- WELL/CISTERN = W/C
- POSSIBLE HIDDEN DAMAGE = PHD

- CARPENTER ANTS = CA
- CELLULOSE DEBRIS = CD
- EXCESSIVE MOISTURE = EM
- FAULTY GRADE = FG
- EARTH-WOOD CONTACTS = EC
- INACCESSIBLE AREAS = IA

TYPE OF CONSTRUCTION: ACCESSIBLE CRAWL SPACE INACCESSIBLE CRAWL SPACE BASEMENT MONOLITHIC SLAB FLOATING SLAB SUPPORTED SLAB

TYPE OF FOUNDATION: CONCRETE HOLLOW BLOCK BRICK STONE OTHER

Property Has A:

1. Well: _____ Yes No 7. A/C - Heat Ducts in or Below Slab: _____ Yes No 13. Stucco Below Grade: _____ Yes No
2. Cistern: _____ Yes No 8. Plenum A/C - Heat System: _____ Yes No 14. Styrofoam Insulation or "Dry-Vit" Below Grade: _____ Yes No



INSPECTION GRAPH

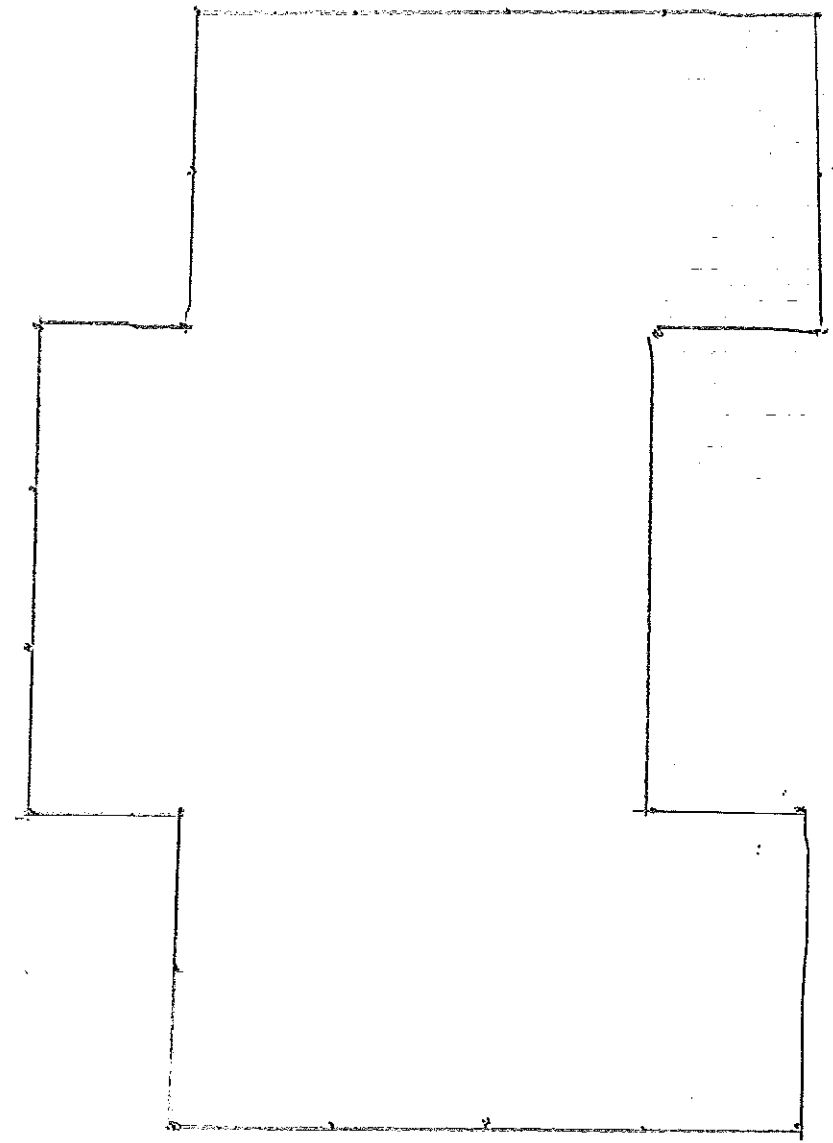
<input type="checkbox"/> INSPECTION NOTICE LOCATION POSTED: DATED: _____
<input type="checkbox"/> TREATMENT NOTICE LOCATION POSTED: DATED: _____

Owner's Name: SURGEON GENERAL'S Occupant: _____
 Treating Address: 2345 - 2353 HANOVER DR City: DUNEDIN State: FL

Home Phone: _____ Business Phone: _____ Inspected By: 10416
 Lineal Footage: 375 Built Pre 1985? Yes No Year Built _____
 Depth to Footer: _____, Front = _____, Rear = _____, Left = _____
 Arrow Manager Acceptance By: _____ Date: _____

Roof Type: _____
 Siding: _____
 Primary Use: _____

Note "Hazard" Locations on Graph: Water Shut-off Valve (WS) Gas Meter (GM)
 Sprinkler System Shut-off Valve (SSP) Exterior Natural Gas BBQ Grill/Fixture (NGF)



SCALE: 1:1, OTHER _____ CUSTOMER SIGNATURE ON REVISED COPY: _____
 DATE: _____ BY: _____

<input checked="" type="checkbox"/> PREVENTIVE TREATMENT OR CONTROL TREATMENT

- KEY TO EVIDENCE OF:
- SUBTERRANEAN TERMITES = X
 - DRYWOOD TERMITES = K
 - DAMPWOOD TERMITES = Z
 - EXISTING DAMAGE = ⊗
 - FORMOSAN TERMITES = C
 - POWDER-POST BEETLES = PPB
 - WOOD BORING BEETLES = WB
 - FUNGUS = F
 - WELL/CISTERN = W/C
 - POSSIBLE HIDDEN DAMAGE = PHD
 - CARPENTER ANTS = CA
 - CELLULOSE DEBRIS = CD
 - EXCESSIVE MOISTURE = EM
 - FAULTY GRADE = FG
 - EARTH-WOOD CONTACTS = EC
 - INACCESSIBLE AREAS = IA

TYPE OF CONSTRUCTION: ACCESSIBLE CRAWL SPACE INACCESSIBLE CRAWL SPACE BASEMENT MONOLITHIC SLAB FLOATING SLAB SUPPORTED SLAB
 TYPE OF FOUNDATION: CONCRETE HOLLOW BLOCK BRICK STONE OTHER

Property Has A:
 1. Well _____ 7. A/C - Heat Ducts in or Below Slab _____ Yes No 13. Stucco Below Grade _____ Yes No
 2. Cistern _____ 8. Plenum A/C - Heat System _____ Yes No 14. Styrofoam Insulation or "Dry-Vit" Below Grade _____ Yes No



INSPECTION GRAPH

INSPECTION NOTICE
LOCATION POSTED: _____

DATED: _____

TREATMENT NOTICE
LOCATION POSTED: _____

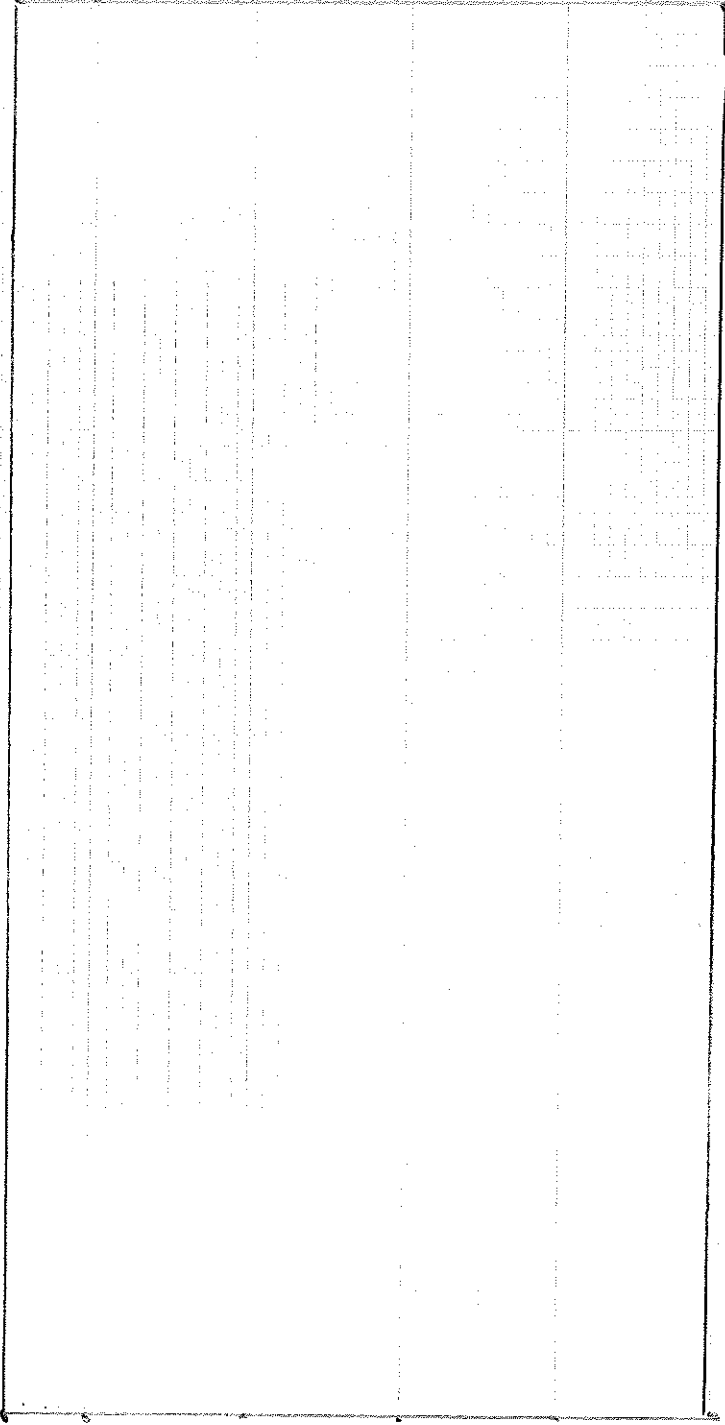
DATED: _____

Owner's Name: CARLOW LANDINGS Occupant: _____
 Treating Address: 613-625 Duval St Blvd City: DAVIE FL State: FL

Home Phone: _____ Business Phone: _____ Inspected By: _____
 Lineal Footage: 300 Built Pre 1985? Yes No Year Built: _____
 Depth to Footer: _____, Front = _____, Right = _____, Rear = _____, Left = _____

Arrow Manager Acceptance By: _____ Date: _____
 Roof Type: _____ Note "Hazard" Locations on Graph: [] Water Shut-off Valve (WS) [] Gas Meter (GM)
 Siding: _____ [] Sprinkler System Shut-off Valve (SSP) [] Exterior Natural Gas BBQ Grill/Fixture (NGF)
 Primary Use: _____

BUILDING #2



SCALE: 1:1, OTHER _____ : _____ CUSTOMER SIGNATURE ON REVISED COPY: _____
 DATE: _____ BY: _____

PREVENTIVE TREATMENT OR CONTROL TREATMENT

- KEY TO EVIDENCE OF:
- SUBTERRANEAN TERMITES = X
 - DRYWOOD TERMITES = K
 - DAMPWOOD TERMITES = Z
 - EXISTING DAMAGE = ⊗
 - FORMOSAN TERMITES = C
 - POWDER-POST BEETLES = PPB
 - WOOD BORING BEETLES = WB
 - FUNGUS = F
 - WELL/CISTERN = W/C
 - POSSIBLE HIDDEN DAMAGE = PHD
 - CARPENTER ANTS = CA
 - CELLULOSE DEBRIS = CD
 - EXCESSIVE MOISTURE = EM
 - FAULTY GRADE = FG
 - EARTH-WOOD CONTACTS = EC
 - INACCESSIBLE AREAS = IA
- TYPE OF CONSTRUCTION: ACCESSIBLE CRAWL SPACE INACCESSIBLE CRAWL SPACE BASEMENT MONOLITHIC SLAB FLOATING SLAB SUPPORTED SLAB
- TYPE OF FOUNDATION: CONCRETE HOLLOW BLOCK BRICK STONE OTHER
- Property Has A:
1. Well..... Yes No
 2. Cistern..... Yes No
 3. Sump Pump..... Yes No
 4. French Drain..... Yes No
 5. Stucco Below Grade..... Yes No
 6. "Rigid Foam Insulation" Below Grade..... Yes No
 7. A/C - Heat Ducts in or Below Slab..... Yes No
 8. Plenum A/C - Heat System..... Yes No
 9. Radiant Heat..... Yes No
 10. Visible Pond, Lake, Stream or Waterway..... Yes No
 11. Wood-Earth Contact..... Yes No
 12. Siding Less Than 6" From Grade..... Yes No
 13. Stucco Below Grade..... Yes No
 14. Styrofoam Insulation or "Dry-Vit" Below Grade..... Yes No
 15. Wood Post or Partition Embedded in Concrete..... Yes No
 16. Inaccessible Crawl Space..... Yes No
 17. Wood Debris in Crawl Space..... Yes No
 18. Inadequate Ventilation in Crawl Space..... Yes No

Circled Symbol Represents Damage From This Pest (Example ⊗, ⊕, etc.)
 INSPECTOR'S STATEMENT OF VISIBLE DAMAGE

CONTROL TECHNICIAN'S STATEMENT OF VISIBLE DAMAGE

BY: _____ DATE: _____ BY: _____ DATE: _____

THE ABOVE GRAPH, AND THE AREAS CONTAINING VISIBLE EVIDENCE OR DAMAGE, HAVE BEEN DESCRIBED TO ME AND ARE AFFIRMED BY ME AS OWNER OR AGENT OF THE ABOVE PROPERTY. I ALSO AFFIRM THAT I UNDERSTAND THAT ARROW ENVIRONMENTAL SERVICES IS NOT LIABLE FOR HIDDEN DAMAGE WHICH IS CONCEALED, OBSTRUCTED OR INACCESSIBLE TO THE INSPECTOR, AND I AGREE TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS GRAPH.

DATE: _____ BY: _____
 Charlotte Citrus Collier DeSoto Hardee Hendry Hernando Highlands
 Hillsborough Lee Manatee Monroe Pasco Pinellas Polk Sarasota



INSPECTION GRAPH

INSPECTION NOTICE
LOCATION POSTED: _____

DATED: _____

TREATMENT NOTICE
LOCATION POSTED: _____

DATED: _____

Owner's Name: Carey Landings Occupant: _____ State: FL

Treating Address: 645-629 Duckess Blvd City: Duckess

Home Phone: _____ Business Phone: _____ Inspected By: _____ Date: _____

Lineal Footage: 330 Built Pre 1985? Yes No Year Built _____

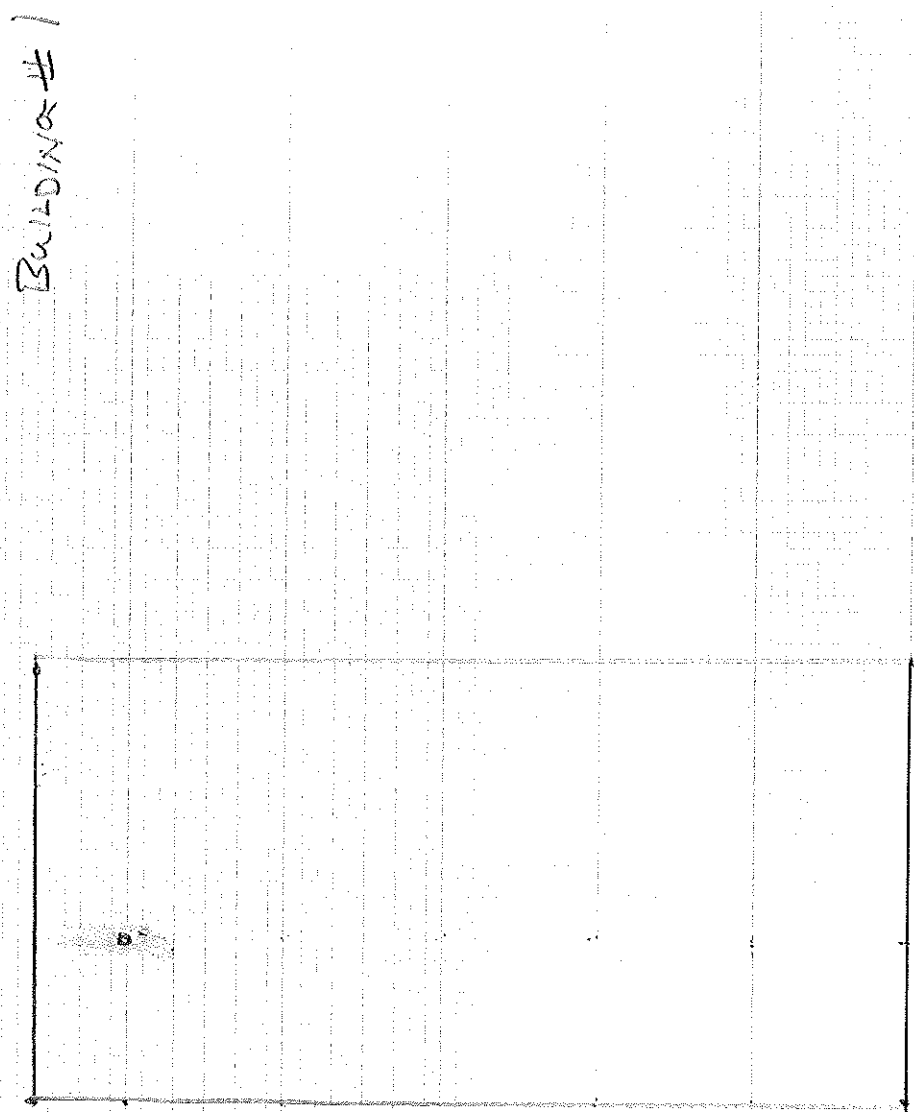
Depth to Footer: _____, Front = _____, Right = _____, Rear = _____, Left = _____

Arrow Manager Acceptance By: _____

Roof Type: _____ Note "Hazard" Locations on Graph: [Water Shut-off Valve (WS) [Gas Meter (GM)

Siding: _____ [Sprinkler System Shut-off Valve (SSP) [Exterior Natural Gas BBQ Grill/Fixture (NGF)

Primary Use: _____



SCALE: 1:1, OTHER _____: _____ CUSTOMER SIGNATURE ON REVISED COPY: _____

DATE: _____ BY: _____

PREVENTIVE TREATMENT OR CONTROL TREATMENT

- KEY TO EVIDENCE OF:
- SUBTERRANEAN TERMITES = X
 - DRYWOOD TERMITES = K
 - DAMPWOOD TERMITES = Z
 - EXISTING DAMAGE = ⊗
 - FORMOSAN TERMITES = C
 - POWDER-POST BEETLES = PPB
 - WOOD BORING BEETLES = WB
 - FUNGUS = F
 - WELL/CISTERN = W/C
 - POSSIBLE HIDDEN DAMAGE = PHD
 - CARPENTER ANTS = CA
 - CELLULOSE DEBRIS = CD
 - EXCESSIVE MOISTURE = EM
 - FAULTY GRADE = FG
 - EARTH-WOOD CONTACTS = EC
 - INACCESSIBLE AREAS = IA

- TYPE OF FOUNDATION: ACCESSIBLE CRAWL SPACE INACCESSIBLE CRAWL SPACE BASEMENT MONOLITHIC SLAB FLOATING SLAB SUPPORTED SLAB
- TYPE OF CONSTRUCTION: CONCRETE HOLLOW BLOCK BRICK STONE OTHER
- Property Has A:
1. Well _____ Yes No
 2. Cistern _____ Yes No
 3. Sump Pump _____ Yes No
 4. French Drain _____ Yes No
 5. Stucco Below Grade _____ Yes No
 6. "Rigid Foam Insulation" Below Grade _____ Yes No
 7. A/C - Heat Ducts in or Below Slab _____ Yes No
 8. Plenum A/C - Heat System _____ Yes No
 9. Radiant Heat _____ Yes No
 10. Visible Pond, Lake, Stream or Waterway _____ Yes No
 11. Wood-Earth Contact _____ Yes No
 12. Siding Less Than 6" From Grade _____ Yes No
 13. Stucco Below Grade _____ Yes No
 14. Styrofoam Insulation or "Dry-Vit" Below Grade _____ Yes No
 15. Wood Post or Partition Embedded in Concrete _____ Yes No
 16. Inaccessible Crawl Space _____ Yes No
 17. Wood Debris in Crawl Space _____ Yes No
 18. Inadequate Ventilation in Crawl Space _____ Yes No

Circled Symbol Represents Damage From This Pest (Example ⊗, ⊕, etc.)

INSPECTOR'S STATEMENT OF VISIBLE DAMAGE

CONTROL TECHNICIAN'S STATEMENT OF VISIBLE DAMAGE

BY: _____ DATE: _____

BY: _____ DATE: _____

THE ABOVE GRAPH, AND THE AREAS CONTAINING VISIBLE EVIDENCE OR DAMAGE, HAVE BEEN DESCRIBED TO ME AND ARE AFFIRMED BY ME AS OWNER OR AGENT OF THE ABOVE PROPERTY. I ALSO AFFIRM THAT I UNDERSTAND THAT ARROW ENVIRONMENTAL SERVICES IS NOT LIABLE FOR HIDDEN DAMAGE WHICH IS CONCEALED, OBSTRUCTED OR INACCESSIBLE TO THE INSPECTOR, AND I AGREE TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS GRAPH.

DATE: _____ BY: _____

- Charlotte
- Hillsborough
- Lee
- Citrus
- Collier
- Manatee
- DeSoto
- Monroe
- Hardee
- Pasco
- Hernando
- Pinellas
- Polk
- Highlands
- Sarasota



INSPECTION GRAPH

INSPECTION NOTICE
LOCATION POSTED: _____

DATED: _____

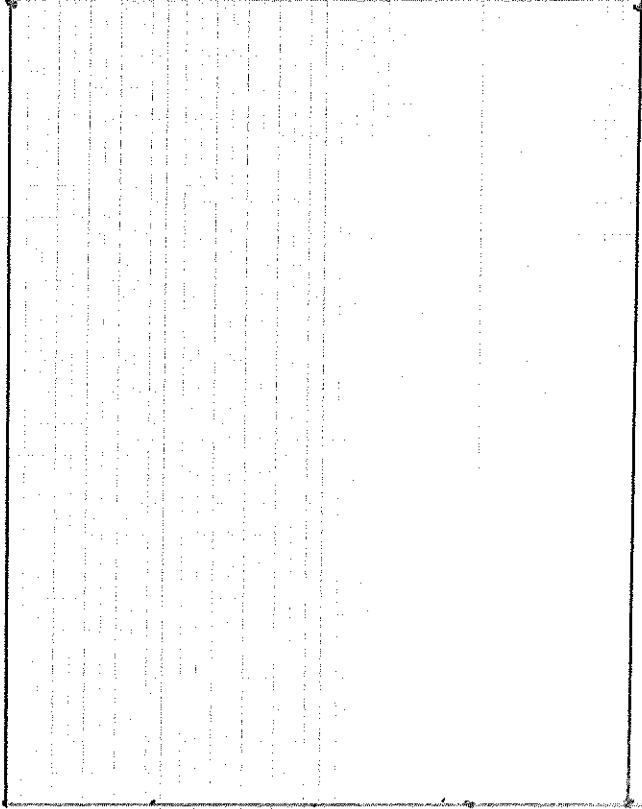
TREATMENT NOTICE
LOCATION POSTED: _____

DATED: _____

Owner's Name: Sueann Landings Occupant: _____
 Treating Address: 2350 (Club House) City: Durand, MI State: MI

Home Phone: _____ Business Phone: _____ Inspected By: _____
 Lineal Footage: 190 Built Pre 1985? Yes No Year Built _____
 Depth to Footer: _____, Front = _____, Right = _____, Rear = _____, Left = _____
 Arrow Manager Acceptance By: _____ Date: _____

Roof Type: _____ Note "Hazard" Locations on Graph: Water Shut-off Valve (WS) Gas Meter (GM)
 Siding: _____ Sprinkler System Shut-off Valve (SSP) Exterior Natural Gas BBQ Grill/Fixture (NGF)
 Primary Use: _____



SCALE: 1:1, OTHER _____

CUSTOMER SIGNATURE ON REVISED COPY: _____

DATE: _____ BY: _____

PREVENTIVE TREATMENT OR CONTROL TREATMENT

KEY TO EVIDENCE OF:

- SUBTERRANEAN TERMITES = X
- DRYWOOD TERMITES = K
- DAMPWOOD TERMITES = Z
- EXISTING DAMAGE = (X)
- FORMOSAN TERMITES = C

- POWDER-POST BEETLES = PPB
- WOOD BORING BEETLES = WB
- FUNGUS = F
- WELL/CISTERN = W/C
- POSSIBLE HIDDEN DAMAGE = PHD

- CARPENTER ANTS = CA
- CELLULOSE DEBRIS = CD
- EXCESSIVE MOISTURE = EM
- FAULTY GRADE = FG
- EARTH-WOOD CONTACTS = EC
- INACCESSIBLE AREAS = IA

TYPE OF CONSTRUCTION: ACCESSIBLE CRAWL SPACE INACCESSIBLE CRAWL SPACE BASEMENT MONOLITHIC SLAB FLOATING SLAB SUPPORTED SLAB
 TYPE OF FOUNDATION: CONCRETE HOLLOW BLOCK BRICK STONE OTHER

Property Has A:

- 1. Well _____
- 2. Cistern _____
- 3. Sump Pump _____
- 4. French Drain _____
- 5. Stucco Below Grade _____
- 6. "Rigid Foam Insulation" Below Grade _____
- 7. A/C - Heat Ducts In or Below Slab _____
- 8. Plenum A/C - Heat System _____
- 9. Radiant Heat _____
- 10. Visible Pond, Lake, Stream or Waterway _____
- 11. Wood-Earth Contact _____
- 12. Sliding Less Than 6" From Grade _____
- 13. Stucco Below Grade _____
- 14. Styrofoam Insulation or "Dry-Vit" Below Grade _____
- 15. Wood Post or Partition Embedded In Concrete _____
- 16. Inaccessible Crawl Space _____
- 17. Wood Debris In Crawl Space _____
- 18. Inadequate Ventilation In Crawl Space _____

Circled Symbol Represents Damage From This Pest (Example , , etc.)

INSPECTOR'S STATEMENT OF VISIBLE DAMAGE

CONTROL TECHNICIAN'S STATEMENT OF VISIBLE DAMAGE

BY: _____ DATE: _____

THE ABOVE GRAPH, AND THE AREAS CONTAINING VISIBLE EVIDENCE OR DAMAGE, HAVE BEEN DESCRIBED TO ME AND ARE AFFIRMED BY ME AS OWNER OR AGENT OF THE ABOVE PROPERTY. I ALSO AFFIRM THAT I UNDERSTAND THAT ARROW ENVIRONMENTAL SERVICES IS NOT LIABLE FOR HIDDEN DAMAGE WHICH IS CONCEALED, OBSTRUCTED OR INACCESSIBLE TO THE INSPECTOR, AND I AGREE TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS GRAPH.

DATE: _____ BY: _____

- Charlotte
- Citrus
- Collier
- DeSoto
- Hardee
- Hendry
- Hernando
- Highlands