



PEST CONTROL DOWN TO A SCIENCE.™



Prepared For  
**Gulfstream Apartments**  
May 23, 2024

Ryan Callison  
Orkin Residential Services  
**Phone:** (813) 240-8950  
**Email:** [Ryan.Callison@Orkin.com](mailto:Ryan.Callison@Orkin.com)



# CUSTOMER INFORMATION

## SERVICE INFORMATION

Gulfstream Apartments

Customer Name

721 Waddell Ave

Address

Key West

City

FL 33040

State Zip

dana@marysbackyard.com

Email

(305) 783-7152

Home Phone Number

Business Phone Number

Extension

## BILLING INFORMATION

721 Waddell Ave

Billing Address

Key West

City

FL 33040

State Zip

Notes



# TREATMENT/INSPECTION REPORT

## Graph Description: Main

Name Gulfstream Apartments Email dana@marysbackyard.com

Treating Address 721 Waddell Ave City/State Key West, FL Zip 33040

Home Phone (305) 783-7152 Business Phone \_\_\_\_\_

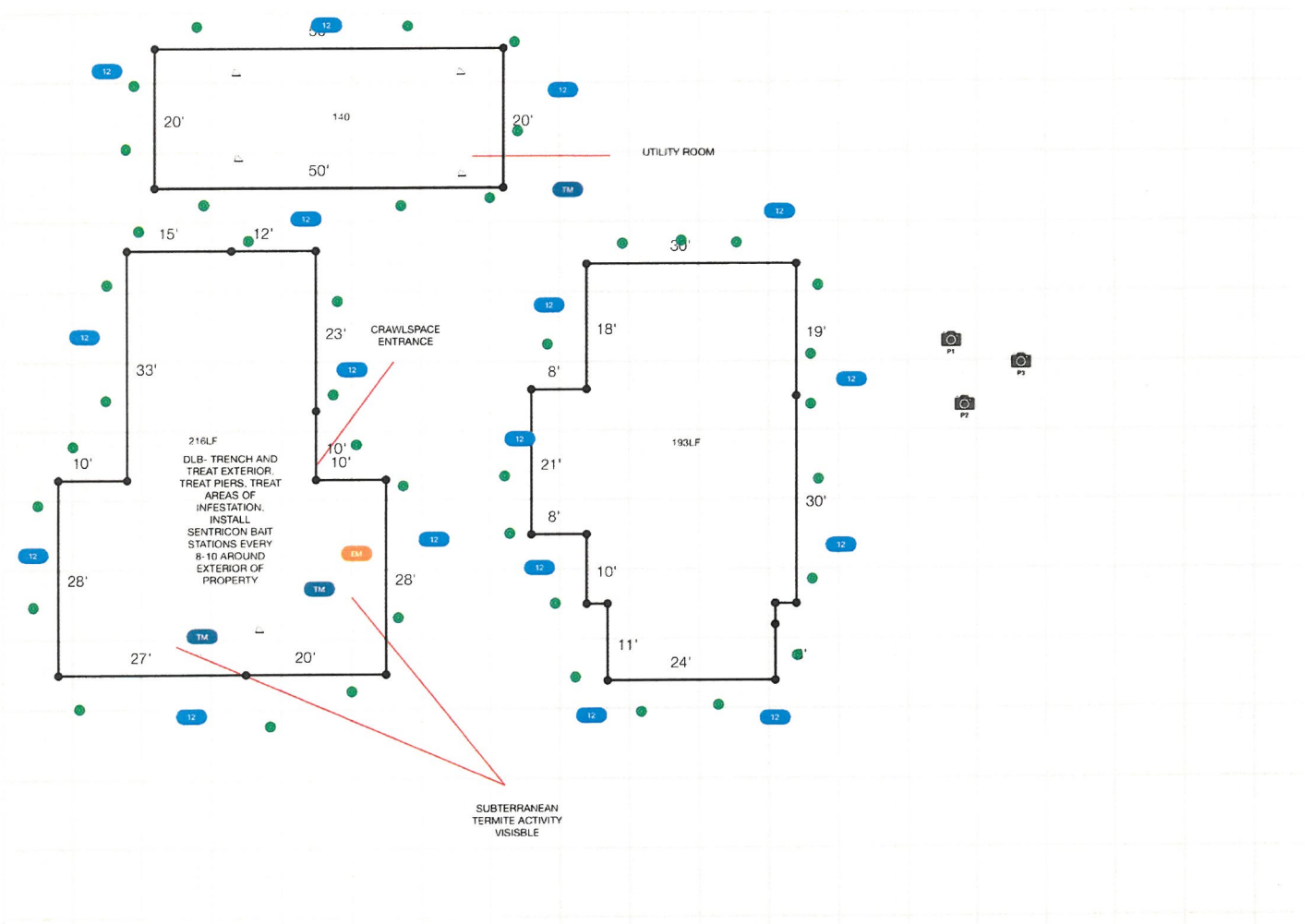
Inspected By Ryan Callison

Pest Control  Yes  No Treatment Scheduled Date \_\_\_\_\_ Date Inspected May 23, 2024

This report is limited to a visual inspection of the exposed structure. There may be hidden infestations and/or damage that are not evident from a visual inspection. The purpose of this treatment/inspection report is to document areas of concern from the interior and exterior inspection. Specifically: (1) Visible conditions conducive to infestation; (2) Visible evidence of infestation, damage, or past infestations. This report is not valid for real estate transactions. This report DOES NOT INCLUDE MOLD or any mold-like conditions. Mold is generally not a wood destroying organism and is outside the scope of this report. If you wish your property to be inspected for mold or mold-like conditions, please contact the appropriate mold professional.

**GRAPH KEY**  
Key indicated general area and is not precise. Insect evidence and conditions may be widespread.

Structure LF **549** Treatment LF \_\_\_\_\_ Square F **X** 1 Block = **2** Feet



**IMPORTANT:** If visible evidence of active or previous infestation or damage is noted by the inspector during the inspection of your property, it should be evaluated by a licensed building contractor of customer's choice for damage. **BECAUSE IT IS HIGHLY PROBABLE CUSTOMER COULD HAVE HIDDEN DAMAGE IN THE STRUCTURE. ORKIN IS NOT RESPONSIBLE FOR PRE-EXISTING DAMAGE.** This Treatment/Inspection Report is based on visible evidence of readily accessible areas and does not make any attempt to reveal damage which may be present. No attempt to remove insulation, carpeting, paneling, etc. to search for hidden damage was made. **IF VISIBLE EVIDENCE OF ACTIVE OR PREVIOUS INFESTATION IS REPORTED, IT SHOULD BE ASSUMED THAT SOME DEGREE OF DAMAGE IS PRESENT.** Placement of the Bait Stations is for the Initial Service and may change during future monitoring service (if applicable). This Treatment/Inspection Report may be updated at **the time of treatment reinspection.**



## MAP LEGEND



Door



TC Bait Station



Excessive Moisture



Termite



Trench and rod



# EXTERIOR - TREATMENT/INSPECTION REPORT

Graph Description: Main

Gulfstream Apartments

Customer Name

May 23, 2024

Date

721 Waddell Ave Key West, FL 33040

Address

## Fumigation Only

Roof Type    Metal

Eave Height (ft)    Variable    Square Feet    X

Peak Height (ft)    Variable    Cubic Feet    X

## Moisture Reading % - Basement / Crawl

Left Front    NA                      Right Rear    NA

Right Front    NA                      Ctr Front    NA

Left Rear    NA                      Ctr Back    NA

Distance to Closest Building (ft)

### 1. Type Foundation:

- Hollow Block     Double Brick     Triple Brick     Foam (ICF)     Wood
- Tile Block     Hollow with Brick     Solid Pour     Stone     Brick Veneer

### 2. Type Construction:

- Basement     Supported Slab     Monolithic Slab     Combination     Crawlspace
- Stem Wall     Manufactured Home     Floating Slab     Piers Only

### 3. Type Siding:

- Shingle     Wood     Vinyl     Stucco on Block Pour     Stucco on Frame or Wire Mesh
- Metal     EIFS     Brick Veneer     Other

### 4. Clearance From Soil (in inches):

Front                                      Right                                      Left                                      Rear

Well, cistern, pond, lake spring located within 25 feet of the structure to be treated     Yes     No

If yes indicate on this Inspection/Treatment Report (graph) and follow the Treatment Protocol for Well(s), Cistern(s), Lake(s), or Spring(s), as detailed in the Special Treatment Protocols section of the Termite Treatment Expectations Manual.



# INTERIOR - TREATMENT/INSPECTION REPORT

Graph Description: Main

Gulfstream Apartments

Customer Name

May 23, 2024

Date

721 Waddell Ave Key West, FL 33040

Address

## 1. Heating System Design:

- Plenum     
  Sub-Slab Ducts     
  Overhead     
  Radiant     
  Conventional

## 2. HVAC Located In Attic:

- Yes

## 3. Is the Attic Accessible:

- Yes

## 4. Insulation (in approved markets)

Attic

Crawl Space

Current R-value

Type

- Additional Insulation Recommended   
  Yes                                     
  Yes

## 5. Other

- Recessed Lighting     
  Soffit Venting     
  Tube/Knob Wiring  
 Exposed Exhaust Fan   
  Whole House Fan     
  Chimney or Flue     
  Kneewall     
  Open Area or Cavity  
 Water Supply                                     
  Sump Pump  
 Powerbox



# INSPECTION IMAGES - TREATMENT/INSPECTION REPORT

Graph Description: Main



P1



P1



P1



P1



P1



P1



P1



P1



P1



# INSPECTION IMAGES - TREATMENT/INSPECTION REPORT

Graph Description: Main



P2



P2



P2



P2



P2



## SCOPE OF SERVICE

### Graph Description: Main

Gulfstream Apartments

Customer Name

May 23, 2024

Date

721 Waddell Ave Key West, FL 33040

Address

### GENERAL COMMENTS / NOTES

Option 1: SUBTERRANEAN TERMITE SENTRICON ALWAYS ACTIVE BAIT/ Direct Liquid

\*ALL TERMITE WARRANTY PROGRAMS INCLUDE, A MINIMUM OF ONE (1) ANNUAL TERMITE INSPECTION, TO MAINTAIN WARRANTY.

PLUS....

\*Installation of SENTRICON BAITING STATIONS in soil approx 7'-10' apart from one another, per technician discretion, Trench and Treat exterior of property, treat piers where accessible

\*Orkin Technician to check each station 2 times annually

\*Trench and treat exterior of property, treat all areas of infestation

\*\*\* 1) \$6870- 1YEAR Subterranean Termite Protection Warranty

Starting year two it will be \$959 a year to maintain the warranty.

Ryan Callison  
813-240-8950



## ADDITIONAL SERVICES & MONEY BACK GUARANTEE

### ADDITIONAL SERVICES

We would be happy to submit a proposal for any of the additional services below, upon your request.

- ◆ Termite Control
- ◆ Carpenter Ant Control
- ◆ Leafstopper
- ◆ ComfortZone
- ◆ OrkinTherm
- ◆ Bed Bug Control
- ◆ Mosquito Control
- ◆ Wildlife control (groundhogs, skunks, etc.)
- ◆ DryZone

*A separate service agreement would be required for the above additional pests and services.*

### MONEY BACK GUARANTEE

Your satisfaction is our goal. If you aren't completely satisfied, we will work with you until you are. If pests return between treatments, Your Orkin Man will return at no extra charge. And if we're unable to solve your pest problem, we'll refund your last service payment as long as you're a customer. More importantly, you can call your Orkin Man anytime you have a problem and we'll work to solve it.



**ORKIN: PEST CONTROL DOWN TO A SCIENCE.**

Founded in 1901, Atlanta-based Orkin, LLC serves more than 1.7 million clients through more than 400 locations across the world. We'd like to put our century of pest research and real-world results to work for you. Our goal is to get to know your property inside and out in order to customize an Integrated Pest Management (IPM) program to fit the unique needs of your home – so you can breathe easier when it comes to pest control.

## **WHY CHOOSE ORKIN?**

Our pest specialists have extensive experience and receive world-class training, so they understand the unique challenges you face.

- ◆ **Expertly Trained** – Your Orkin Man stays up to speed on the latest technology and treatments through rigorous training at the Rollins Learning Center.
- ◆ **Customized Solutions** – We design a program tailored to your specific needs and the specific condition of your property.
- ◆ **Our Service Philosophy** – Every treatment your Orkin Man performs is held to the standards of the Orkin Points of Service to ensure you complete satisfaction.
- ◆ **Security** – Orkin is bonded, and our pest specialists are screened and randomly drug tested to allay security concerns.

## **OUR IN-HOUSE CONVENIENT PAYMENT PLAN**

### **Rollins Acceptance Company**

We know this is an unexpected investment to help protect your home, so we offer a convenient payment solution.

- ◆ **Affordable Monthly Payments**
- ◆ **Immediate Approval For Your Home**
- ◆ **90-Days-Same-As-Cash Option Available Upon Approval**
- ◆ **100% Financing Available Upon Approval**







30385 Quail Roost Trail  
Big Pine Key, FL 33043  
Phone: (305) 515-2800  
Fax: (305) 515-2808  
www.tentfumigation.com

INFO@TENTFUMIGATION.COM

**TERMITE CONTROL WORK ORDER**

2009650

Date 05/25/2024

**GULFSTREAM APARTMENTS**

Homeowner or Seller \_\_\_\_\_ Buyer (if applicable) \_\_\_\_\_

721 WADDELL ST  
Street Address (Treating Address)

KEY WEST FL 33040  
City State Zip/Code

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Type Structure

RESIDENTIAL(MULTI)

**MUST GO OVER EXTERIOR PREPARATIONS PRIOR**

to

**TO TREATMENT**

Street Address (Mailing Address)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cubic Footage \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
Initial Treatment

**HAMMERHEAD TERMITE CONTROL**

is hereby authorized to treat the premises described above for the control of:

**FUMIGATION**

- Drywood Termites
- Wood Borers
- Powder Post Beetles

**CHEMICAL CONTROL - See Reverse Side**

- Subterranean Termites

On the basis of:

- Live Infestation
- Evidence Infestation
- Prevention
- No Infestation

**DEPOSIT INFORMATION OR CHECK NEEDED UPON SIGNING**

Notice of treatment will be placed \_\_\_\_\_ (LOCATION)

**PAYMENT**

\$ 5250 Initial Treatment  
 \$ Included One Year Limited Guarantee  
 \$ 600 Other Fees **MANLIFT**  
 \$ \_\_\_\_\_ Tax  
 \$ 5850 Total Amount  
 \$ -2925 Less Deposit (minimum 50%)  
 \$ 2925 Balance Due upon completion

Annual Renewal Fee \$ 995 **OPTIONAL**

Credit Card  VISA  MC  AMEX  Disc. Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

**THIS CONTRACT CONTAINS DISCLAIMERS, LIMITATIONS, CONDITIONS AND/OR EXCLUSIONS**  
**GENERAL PROVISIONS**

1. During the term of this Agreement, Hammerhead will reinspect periodically upon the reasonable request of the Customer and any necessary further treatment will be provided for no additional charge. Customer agrees to make the premises available for reinspection.
2. Hammerhead will renew this service annually for the premises for \$ 995 per year payable on or before each annual renewal date, provided that the company shall have the right to revise the annual renewal charge beginning the sixth (6th) year from the date of initial treatment. A second revision will be done beginning of the twelfth (12th) year from the date of initial treatment.
3. This Limited Guarantee is transferable to a new owner but we must be notified in writing prior to the change.
4. **COVERAGE IS FOR RETREATMENT ONLY.** Hammerhead shall not be responsible for **PAST, PRESENT OR FUTURE TERMITE OR OTHER WOOD DESTROYING INSECT DAMAGE** to property or contents, or for repairs or compensation therefor. The only obligation of Hammerhead shall be to provide the necessary additional-treatment to the premises, at no extra cost, if live infestation of the above wood destroying insect is found in the premises during the term of this agreement.
5. This agreement covers the premises diagrammed on the Graph as of the date of actual treatment, and in the event the premises are structurally modified, altered or otherwise changed after date of initial treatment, this agreement shall terminate unless a prior written agreement shall have been entered into by the Customer for Hammerhead to reinspect the premises, provide additional treatment and/or adjust the Annual Renewal Fee.
6. This agreement shall be effective only upon payment of the charge provided for herein.
7. In the event the Customer defaults on any installment, the entire balance due hereunder shall become immediately due and payable with interest at the rate fixed by law, and the Customer shall reimburse Hammerhead for its cost for collection, including reasonable attorney's fees.
8. This agreement may not be changed in any way by any representatives of Hammerhead or me unless it is changed in writing and signed by a corporate officer of Hammerhead. I have read no representations or inducements made to me except what is written in this agreement.
9. This will acknowledge that the Customer has read, understands and agrees to abide by the HOMEOWNER'S PREPARATIONS FOR FUMIGATION PROCEDURES as set forth on the attached form.

HAMMERHEAD TERMITE CONTROL

By JORGE AYALA  
Representative

Accepted By: \_\_\_\_\_ Date 6/4/24  
Signature \_\_\_\_\_ Print Name \_\_\_\_\_

White-Office Copy

Yellow-Customer Copy

## **DISCLAIMERS AND CONDITIONS**

### **CHEMICAL CONTROL - SUBTERRANEAN TERMITES**

1. IF MOISTURE AND/OR STRUCTURAL CONDITIONS WHICH ARE CONDUCTIVE TO SUBTERRANEAN TERMITES ARE SUBSEQUENTLY FOUND TO EXIST WITHOUT GROUND CONTACT, THEN THE COMPANY SHALL BE RELIEVED OF ANY AND ALL LIABILITY.

2. STRUCTURAL OR MECHANICAL DEFECTS WHICH RESULT IN WATER LEAKAGE IN INTERIOR AREAS OR THROUGH THE ROOF OR EXTERIOR WALLS OF THE PREMISES MAY DESTROY THE EFFECTIVENESS OF THE COMPANY'S TREATMENT, THEREBY PERMITTING INFESTATION TO CONTINUE AFTER THE DATE OF INITIAL TREATMENT. IF SUCH A CONDITION IS DISCOVERED, IT IS AGREED THAT THE CUSTOMER WILL BE RESPONSIBLE FOR MAKING SUCH REPAIRS AS NECESSARY TO CORRECT THE STRUCTURAL OR MECHANICAL DEFECT AND THE COMPANY WILL, UPON COMPLETION OF SAID REPAIRS, PROVIDE ADDITIONAL TREATMENT TO CONTROL THE INFESTATION IN THE AREA.

### **NOTICE OF CANCELLATION**

"BUYER'S RIGHT TO CANCEL". THIS IS A HOME SOLICITATION SALE. IF YOU DO NOT WANT THE GOODS OR SERVICES, YOU MAY CANCEL THIS AGREEMENT BY MAILING A NOTICE TO THE SELLER. THIS NOTICE MUST INDICATE THAT YOU DO NOT WANT THE GOODS OR SERVICES AND MUST BE POST MARKED BEFORE MIDNIGHT OF THE THIRD BUSINESS DAY AFTER YOU SIGN THIS AGREEMENT. IF YOU CANCEL THIS AGREEMENT, THE SELLER MAY KEEP ALL OR PART OF ANY CASH DOWNPAYMENT, NOT TO EXCEED THE LESSER OF 5% OF THE CASH PRICE OR \$50.00.



30385 Quail Roost Trail  
Big Pine Key, FL 33043  
Phone: (305) 515-2800  
Fax: (305) 515-2808

www.tentfumigation.com  
INFO@TENTFUMIGATION.COM

**TERMITE CONTROL WORK ORDER**

2219210

Date 05/25/2024

GULFSTREAM APARTMENTS

Homeowner or Seller: \_\_\_\_\_ Buyer (if applicable): \_\_\_\_\_

725 WADDELL ST

Street Address (Trading Address): \_\_\_\_\_

KEY WEST

FL

33040

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Type Structure: RESIDENTIAL

Cubic Footage: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_  
linear feet Initial Treatment

**HAMMERHEAD TERMITE CONTROL**

is hereby authorized to treat the premises described above for the control of:

**FUMIGATION**

- Drywood Termites
- Wood Borers
- Powder Post Beetles

**CHEMICAL CONTROL - See Reverse Side**

- Subterranean Termites

On the basis of:

- Live Infestation
- Evidence Infestation
- Prevention
- No Inspection

DEPOSIT INFORMATION OR CHECK NEEDED UPON SIGNING

Notice of Treatment will be placed \_\_\_\_\_ (LOCATION)

**PAYMENT**

\$	1595	Initial Treatment
\$	included	One Year Limited Guarantee
\$		Other Fees
\$		Tax
\$	1595	Total Amount
\$	-797.50	Less Deposit (minimum 50%)
\$	797.5	Balance Due upon completion
Annual Renewal Fee \$	2710	OPTIONAL

Credit Card  VISA  MC  AMEX  Disc. Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**THIS CONTRACT CONTAINS DISCLAIMERS, LIMITATIONS, CONDITIONS AND/OR EXCLUSIONS  
GENERAL PROVISIONS**

1. During the term of this Agreement, Hammerhead will reinspect periodically upon the reasonable request of the Customer and any necessary further treatment will be provided for no additional charge. Customer agrees to make the premises available for reinspection.
2. Hammerhead will renew this service annually for the premises for \$ 2710 per year payable on or before each annual renewal date, provided that the company shall have the right to revise the annual renewal charge beginning the sixth (6th) year from the date of initial treatment.
3. This Limited Guarantee is transferable to a new owner but we must be notified in writing prior to the change.
4. **COVERAGE IS FOR RETREATMENT ONLY.** Hammerhead shall not be responsible for **PAST, PRESENT OR FUTURE TERMITE OR OTHER WOOD DESTROYING INSECT DAMAGE** to property or contents, or for repairs or compensation therefor. The only obligation of Hammerhead shall be to provide the necessary additional treatment to the premises, at no extra cost, if live infestation of the above wood destroying insect is found in the premises during the term of this agreement.
5. This agreement covers the premises diagrammed on the Graph as of the date of actual treatment, and in the event the premises are structurally modified, altered or otherwise changed after date of initial treatment, this agreement shall terminate unless a prior written agreement shall have been entered into by the Customer for Hammerhead to reinspect the premises, provide additional treatment and/or adjust the Annual Renewal Fee.
6. This agreement shall be effective only upon payment of the charge provided for herein.
7. In the event the Customer defaults on any installment, the entire balance due hereunder shall become immediately due and payable with interest at the rate fixed by law, and the Customer shall reimburse Hammerhead for it's cost for collection, including reasonable attorney's fees.
8. This agreement may not be changed in any way by any representatives of Hammerhead or me unless it is changed in writing and signed by a corporate officer of Hammerhead. I have had no representations or inducements made to me except what is written in this agreement.
9. This will acknowledge that the Customer has read, understands and agrees to abide by THE HOMEOWNER'S PREPARATIONS FOR FUMIGATION PROCEDURES as set forth on the attached form.

Accepted By: \_\_\_\_\_  
X \_\_\_\_\_ Date: 6/4/24  
Signature

HAMMERHEAD TERMITE CONTROL  
By: JORGE AYALA  
Representative

White-Office Copy

Print Name  
Yellow-Customer Copy