

**OKLAHOMA OFFICIAL TERMITE AND WOOD DESTROYING INSECT REPORT FOLLOW-UP
(FORM ODAFF-2)**

This follow-up report is for the purpose of noting any alterations or corrections completed after the issuance of Form ODAFF-1 on _____ (date).

ADDRESS OF PROPERTY

Address of structures inspected: Street/Legal Description _____ City _____ Zip _____
Location of structures inspected (if different than address): _____

INSPECTING COMPANY INFORMATION

Name of Inspection Company _____ ODAFF Business License Number _____

Address of Inspection Company _____ City _____ State _____ Zip _____ Telephone Number _____

Name of Inspector (Please Print) _____ Certification Number of Inspector _____

CONDUCTIVE CONDITIONS

Repairs, corrections, or treatments for any Conducive Conditions have been performed as follows:

EVIDENCE OF ACTIVITY OR DAMAGE BY TERMITES

Repairs, corrections, or treatments for evidence of activity or damage by termites have been performed as follows:

EVIDENCE OF ACTIVITY OR DAMAGE BY WOOD DESTROYING INSECTS OTHER THAN TERMITES

Repairs, corrections, or treatments for evidence of activity or damage by wood destroying insects other than termites have been performed as follows: _____

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Page 1 of ___ Inspector's Initial's _____ Date _____

ADDITIONAL COMMENTS:

ATTACHMENTS: Any additional attachments other than attachments listed on Form ODAFF-1 are as follows:

STATEMENT OF INSPECTOR: I performed a follow-up of the property(ies) referenced above and believe this report to be true and complete. Notice of Inspection was posted at or near: Electric Breaker Box Water Heater Beneath Kitchen Sink Bath Trap. Date Posted _____ Signature of Inspector: _____ Date of Signature: _____

DISTRIBUTION OF COPIES

Report forwarded to: Title Company or Mortgagee Purchaser of Service Seller Agent Buyer
(Under ODAFF regulations, only the purchaser of the service is required to receive a copy.)

STATEMENT OF BUYER

I have received the original or a legible copy of this report and all attachments. I have read and understand any Recommendations made. My signature and/or my Closing on this property hereby acknowledge and accept the terms of this report. The Report urges me to obtain the opinion of a qualified building expert regarding any and all damages and defects on the property.

Signature of Purchaser of Property or their Designee

Date

STATEMENT OF PURCHASER OF SERVICE

The undersigned hereby acknowledges receipt of a copy of this report.

Signature of Purchaser of Service

Date

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