



Pest Control Treatment Request Form

Complete this form if you identify any kind of pests or have an infestation in your unit. Return it to the Management Office the day prior to the treatment.

I, _____ (print name), the resident of:

Building# _____ Unit# _____ hereby grant permission for pest control technician to enter my unit.

Signature: _____ Date: _____ Tel.: _____

Will Be Home _____ Use Security Key _____ Will Drop off Keys _____

By signing above, you acknowledge the preparation needed for the treatment as described in this form.

NOTE: If you selected "Will Be Home" and later you are not home on the day of the treatment, please make sure that the Management Office has keys to have access to your unit. Otherwise, treatment will not be done, and the costs will be charged back to your unit as a common expense, added to the monthly condominium fees.



Pest control technician will be entering your unit on the 2nd FRIDAY of each month, between 9:00am – 4:30pm to treat it for the following, as requested.

Please check the box for the pest treatment you require:



Spray Roach Treatment: By signing this form you acknowledge the preparation needed for the treatment, as described below. Please note that if your unit is not properly prepared, treatment will not be done.

- Remove everything from kitchen cupboards & countertops, drawers, bathroom vanity and place them in other rooms. Remove pets from the apartment.
- Pull your refrigerator and stove from the wall.
- Stay out for 3 – 4 hours after treatment.



Gel Roach Treatment: This treatment is for minimal activity and is less invasive. You are not required to empty the cupboards, to remove pets or to stay out of the unit after treatment. However, you must remove large objects from under the kitchen counter and under the bathroom sink, especially in the area where pipes enter the walls.



