**BED BUG PEST MANAGEMENT**

**BED BUG CHEMICAL / STEAM TREATMENT**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RESIDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE REMEMBER THAT RESIDENTS ARE REQUIRED TO MAKE SURE THAT UNIT IS READY PRIOR TO TREATMENT.**

**THIS IS NOT THE JOB OF ANY HOUSING AUTHORTIY STAFF OR PEST CONTROL MANAGEMENT STAFF. HOWEVER, IF YOU ARE NEEDING ASSITANCE WITH PREPARATION, PLEASE CONTACT FAMILY MEMBERS OR VARIOUS AGENCIES FOR ASSISTANCE**

**ADDIDTIONAL FEES MAY BE CHARGED IF PREP LIST HAS NOT BEEN MET AND PEST MANAGEMENT TECHNICIAN AND/OR HOUSING AUTHORITY STAFF IS REQUESTED TO REMOVE NECESSARY ITEMS FROM AREARS TO COMPLETE TREATMENT**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Resident Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Technician Name Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Manager Name Signature Date

**PLEASE DO NOT USE OVER THE COUNTER SPRAYS TO TREAT YOUR UNIT**

 