

EMERGENCY WAIVER

I affirm that an emergency pest control service is required due to an imminent hazard to health or property or an imminent infestation and that only the localized area of the emergency has been treated.

Customer Name: _____

Address: _____ City/Zip: _____

Customer Telephone No. _____

Fax No. _____

Date of Treatment: _____

Unit(s) Serviced: _____

PLEASE SIGN HERE



X _____

Signature of Customer

Print Customer Name

Signature of Certified Applicator

Applicators License Number