

## 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