

EMERGENCY WAIVER

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

Customer Name: _____

Customer Address: _____

Customer Telephone:(_____) _____

Date of Treatment: _____

Target Pest: _____

Reason for Emergency Treatment: _____

Signature of Customer

Signature of Certified Applicator

