

[Company Name]

[Company Address]

[Company Phone Number] | [Company Email]

NOTICE OF EXTERMINATION / PEST CONTROL

Date: [Current Date]

To: [Recipient First Name] [Recipient Last Name]

Property: [Property Name]

Address: [Property Address]

Dear [Recipient First Name] [Recipient Last Name],

This notice is to inform you that extermination/pest control services have been scheduled for your unit. In accordance with your lease agreement, this serves as your 24-hour advance notice of entry.

SCHEDULED SERVICE DATE: _____

SCHEDULED TIME: _____ (approximate)

TYPE OF TREATMENT: _____

PREPARATION REQUIREMENTS:

To ensure effective treatment, please complete the following before the scheduled service:

- Remove all items from under sinks and bathroom cabinets
- Clear items away from baseboards and walls (12 inches minimum)
- Cover or remove pet food and water dishes
- Cover fish tanks and turn off air pumps
- Remove pets from the unit during treatment
- Ensure access to all rooms, closets, and storage areas

AFTER TREATMENT:

Do not mop or wash treated areas for at least 14 days to allow treatment to remain effective. Keep children and pets away from treated areas until dry.

If you have any questions or need to reschedule, please contact us immediately at [Company Phone Number] or [Company Email].

Sincerely,

[Company Name]

Victorian Village Apartments Management