JB PEST CONTROL, LLC **TEL: 718-818-8600**

PEST CONTROL SERVICE SIGN UP SHEET

PEST CONTROL SERVICES WILL BE PROVIDED ON THE DATE BELOW. IF YOU WOULD LIKE SERVICE, PLEASE LIST YOUR NAME AND APARTMENT NUMBER BELOW WHERE INDICATED. IF YOU HAVE ANY CONCERNS ABOUT TREATMENT, PLEASE MAKE THEN KNOW N TO THE SERVICE TECHNICIAN BEFORE SERVICE OR CONTACT OUR OFFICE DIRECTLY. IF THE TECHNICIAN HAS NOT ARRIVED AT THE PROPER TIME OR IF YOU MISS THE TECHNICIAN , PLEASE CONTACT OUR OFFICE DIRECTLY.

DATE OF SERVICE_____TIME OF SERVICE_____

SUPERINTENDENT SIGNATURE: _____

NAME	APARTMENT #		NAME	APARTMENT #