NOTICE OF PEST CONTROL TREATMENT

Date: [Date]

To: All Residents of [Property Name/Address]

Scheduled Service Date: [Treatment Date]

Scheduled Time: Between [Start Time] and [End Time]

Dear Resident,

Please be advised that a professional pest control company will be visiting your unit on the date listed above to perform a preventative general pest control treatment. To ensure the treatment is effective, please complete the following preparation steps before the technician arrives:

- **Kitchen & Bathrooms:** Clear all items from countertops. Ensure all food is stored in sealed containers or placed in the refrigerator.
- **Floors:** Pick up all items from the floor, including toys, clothing, and shoes. Please vacuum or mop the floors prior to the visit.
- **Furniture:** If possible, move furniture slightly away from the walls to allow the technician access to the baseboards.
- **Pets:** Secure all pets in a crate or remove them from the premises during the treatment. Cover fish tanks and turn off air pumps.

Important Safety Information:

- Residents and pets should stay off treated surfaces until they are completely dry (approximately 1-2 hours).
- If you have specific allergies or health concerns, please notify management immediately.

Failure to prepare your unit may result in an incomplete treatment or a rescheduling fee. If you have any questions, please contact the management office at [Phone Number].

Thank you for your cooperation.

Sincerely,

Property Management