

NOTICE OF MANDATORY PEST CONTROL TREATMENT

Date: [Date of Notice]

To: All Residents / Tenants of [Building Name/Address]

Subject: Scheduled Pest Control Treatment

Dear Resident,

Please be advised that a mandatory pest control treatment has been scheduled for your unit and the entire building premises. This is a routine preventive measure to ensure a clean and healthy living environment for all residents.

Service Schedule:

- **Date:** [Day of week, Date]
- **Time Window:** [Start Time] to [End Time]

Preparation Requirements:

To ensure the treatment is effective, please complete the following steps before the technician arrives:

- Clear all items from under sinks in the kitchen and bathrooms.
- Ensure all food items are sealed in containers or placed in the refrigerator.
- Remove pets from the premises or secure them in a crate.
- Keep floors clear of clutter and loose items.

Important Information:

- Entry is mandatory. If you are not home, management/maintenance will escort the technician into your unit.
- The products used are professional grade and approved for residential use.
- [Optional: Specific instructions regarding duration to stay out of the unit if applicable].

Thank you for your cooperation in maintaining a pest-free building.

Sincerely,

[Your Name/Property Manager Name]
[Building Management Company]
[Phone Number]