

[Date]  
[Property Name/Management Company]  
[Address]  
[City, State, Zip Code]

[Tenant Name]  
[Unit Number]  
[Property Address]

# NOTICE OF MANDATORY PEST CONTROL TREATMENT

Dear Resident,

Please be advised that a mandatory pest control treatment has been scheduled for your building and individual unit. This treatment is part of our routine maintenance program to ensure a healthy and clean living environment for all residents.

**Scheduled Date:** [Date of Treatment]  
**Estimated Time Window:** [Start Time] to [End Time]

Entry into your unit is required to perform this service. According to your lease agreement and local housing regulations, management or authorized contractors may enter the premises for essential maintenance and pest mitigation.

## Preparation Requirements:

- Clear all items from under kitchen and bathroom sinks.
- Ensure all food is sealed and stored in cabinets or the refrigerator.
- Keep floors clear of clothing, toys, and clutter.
- [Optional] Remove pets from the unit or secure them in a crate.

Failure to provide access or prepare your unit may result in a rescheduling fee or further administrative action. If you have any questions or have specific concerns regarding allergies or pets, please contact the management office immediately at [Phone Number].

Thank you for your cooperation.

Sincerely,

[Name/Signature]  
[Title/Position]  
[Company Name]