

**DATE:** [Insert Date]

**TO:** [Tenant Name(s)]

**ADDRESS:** [Rental Unit Address and Apartment Number]

**RE: NOTICE OF MANDATORY PEST MITIGATION TREATMENT**

Dear Tenant,

Please be advised that a mandatory pest mitigation and inspection service has been scheduled for your rental unit and the surrounding building premises. This treatment is necessary to maintain a healthy and safe living environment for all residents.

**Scheduled Date:** [Insert Date]

**Estimated Time Window:** [Insert Time, e.g., 9:00 AM - 12:00 PM]

In accordance with your lease agreement and local housing regulations, management or authorized pest control professionals will require entry to your unit at the time listed above. You do not need to be present, but please ensure that any pets are secured in crates or removed from the premises during this window.

To ensure the treatment is effective, you are required to complete the following preparations before the technician arrives:

- [Insert Requirement, e.g., Clear all items from under kitchen and bathroom sinks]
- [Insert Requirement, e.g., Pull furniture away from walls]
- [Insert Requirement, e.g., Ensure floors are swept and clear of clutter]

Failure to provide access or complete the required preparations may result in rescheduling fees or further administrative action as permitted by your lease.

If you have any questions regarding the products being used or the scope of the service, please contact the management office at [Insert Phone Number] or [Insert Email Address].

Thank you for your cooperation in keeping our community pest-free.

Sincerely,

[Your Name/Property Management Name]

[Company Name]

[Contact Information]