

NOTICE OF MANDATORY PEST ERADICATION Treatment

Date: [Insert Date]

To: All Residents/Tenants of [Insert Building/Property Name]

Unit Number: [Insert Unit Number or "All Units"]

This letter serves as formal notice that a mandatory pest eradication treatment has been scheduled for your unit and the surrounding premises.

Scheduled Date: [Insert Date of Service]

Scheduled Time Window: [Insert Time, e.g., 9:00 AM to 5:00 PM]

Participation in this treatment is mandatory to ensure the effectiveness of the pest control program for the entire building. Professional pest control technicians will require entry into your unit at the time specified above.

Required Preparation:

- Clear all items from under sinks in the kitchen and bathrooms.
- Ensure all food items are sealed in airtight containers or placed in the refrigerator.
- Remove pets from the premises or secure them in a crate.
- Cover fish tanks and turn off air pumps.
- Ensure children and elderly residents are not present during the application window.

Access to Unit:

If you will not be home, please ensure that management has a working key to your unit. If the technicians are unable to gain entry, you may be held liable for the cost of a return visit or face further administrative action as per your lease agreement.

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

Sincerely,

[Your Name/Property Manager Name]

[Company Name]

[Phone Number]