

**Date:** [Insert Date]

**To:** [Occupant/Tenant Name]

**Address:** [Insert Property Address/Unit Number]

**Subject: NOTICE OF REQUIRED ACCESS FOR PEST CONTROL TREATMENT**

Dear [Occupant Name],

Please be advised that a professional pest control treatment has been scheduled for your unit/premises on the following date and time:

**Date of Treatment:** [Insert Date]

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

This treatment is necessary to maintain the health and safety standards of the building and to [prevent/address] issues related to [Type of Pest, e.g., cockroaches, rodents, ants].

**Access Requirements:**

As per your [Lease Agreement/Building Policy], management and licensed technicians require entry to your unit at the time specified above. If you will not be home, please ensure that any security alarms are deactivated. A member of the management team will accompany the technician if you are not present.

**Preparation Instructions:**

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

- Clear all items from [e.g., under sinks, kitchen countertops, pantry floors].
- Ensure pets are secured in a crate or removed from the premises during the treatment.
- [Insert any additional instructions provided by the pest control company].

Failure to provide access or complete the required preparation may result in [Insert Consequence, e.g., a rescheduling fee or further notice].

If you have any questions or have a specific concern regarding the treatment chemicals, please contact the management office at [Insert Phone Number].

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

Sincerely,

[Your Name/Property Manager Name]

[Company Name/Building Management]