Date: ____________________________________

Dear Customer:

Thank you for requesting pest control services for your residence. In accordance with the laws and regulations of the State of California, we are required to provide you with the following information prior to the application of pesticides in your residence to treat for pest infestation. Please read the following information thoroughly. If you have any questions, please ask the pest control technician or maintenance department.

Please be advised that all pesticides are considered to be hazardous and consist of toxic chemicals applied in a safe manner to control pests. Structural pest control operators and technicians are licensed and regulated by the California Department of Pesticide Regulations and the Structural Pest Control Board. Pesticides used to treat for infestations are registered for use by the California Department of Pesticide Regulation and the Environmental Protection Agency.

While every effort is made to protect you, the customer, from exposure to the pesticides, this may occur nonetheless.

If you feel that you may have been exposed to an insecticide, please contact your physician or Poison Control immediately. Thereafter, please contact UCLA Pest Management. For further information, please contact any one of the following:

POISON PEST CONTROL (800) 876-4766
COUNTY HEALTH DEPARTMENT (310) 821-3484
STRUCTURAL PEST CONTROL BOARD (213) 897-7838
COUNTY AGRICULTURAL COMMISSIONER (626) 575-5471

UCLA Pest Management services University Apartments/South on Monday, Wednesday, and Friday and University Apartments/North from Monday to Friday.

You will need to schedule this service at least 24 hours prior to the date you wish the work to be done. Upon inspection of your apartment, we will determine the course of treatment. We prefer not to use chemical treatments since we feel that this is not an environmentally sensitive way to treat the problem.

In heavily infested areas we will apply the least amount of chemicals necessary to obtain control. Should this treatment be required, you will have to remove all objects from all kitchen and bathroom cabinets and drawers.
Instruction Sheet for Roaches, Silverfish, House Ants and Stored Food Pests

1. All pesticides will be used judiciously and in accordance with the manufacturer’s label instructions.

2. If you choose the “No Spray” program for your cockroach problem, please observe the following instructions:
   a. Remove all items stored around appliances, in cabinets, and under the sink.
   b. Remove all items stored under the bathroom sink, and stored near the toilet.
   c. Scrubbing of cabinets should be done BEFORE the treatment.
   d. Do not remove the roach discs for 3 months.

3. If you see any slow moving roaches, be assured they are dying. If you still see them after one week or so, please let the office know as an additional spraying may be required.

5. If you must have your apartment sprayed with pesticides, please observe the following instructions:
   a. Remove ALL items from kitchen cabinets and drawers. Place them in another room and cover with a sheet. Place the drawers upside down on the counters.
   b. Empty medicine cabinets and all cabinets in the bathroom. If cockroaches are in the closets and drawers, please empty there areas as well.
   c. Any scrubbing or cleaning of cabinets or drawers should be done before treatment.
   d. ALL PERSONS MUST VACATE THE APARTMENT FOR 4 HOURS. IF THERE ARE TENANTS WITH HEALTH PROBLEMS OR WHO ARE PREGNANT, THEY MUST VACATE FOR 24 HOURS OR FOLLOW THEIR DOCTOR’S ADVICE.
   e. Aquariums should be sealed with plastic wrapping and the filter turned off for a 4-hour period.

6. Upon returning to the apartment, open all the windows for a short period of time, open all cabinets after a few hours and let them dry completely, turn the aquarium filter back on.

7. If the tenant has not complied with above instructions, the appointment will have to be rescheduled.
PEST CONTROL REQUEST

Please indicate the pest(s) to be controlled:

_____ Cockroaches    _____ Fleas*    _____ Ants

_____ Silverfish*    _____ Spiders*    _____ Mice

_____ Crickets*    _____ Rats    _____ Moths*

_____ Other

We offer the choice of traditional pesticides, sprays, or non-chemical baiting control for certain pests such as cockroaches and ants. Please indicate the desired method you wish the technicians to use. *Spray method only is available.

_____ Chemical (sprays)    _____ Non-Chemical (baits and dusts)

Please be advised that if you choose the spray method of pest control, all cabinets and drawers must be emptied and all food items removed from the area(s) to be treated. This is for your safety as well as the increased effectiveness of the treatments. Please consult the University Apartments Maintenance office for specific detail.

____________________________________  _______________________
Customer’s Name (LAST, First) Please Print  Date Work to be Done

____________________________________  _______________________
Street Address with Apartment Number  Home Telephone Number

Customer’s Signature (Tenants Signature Required for Treatment)

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Pest Technician Signature

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Pesticide Used and Concentration