A complaint has been received by this agency concerning your firm from:

We are hereby requesting the following information from your firm as authorized by Section 482.161(1)(g), Florida Statutes of the “Structural Pest Control Act”. Please fill out and return one copy within ten (10) days from the above date. Thank you.

Sincerely,

District Inspector

CERTIFIED OPERATOR FOR ORIGINAL WORK ___________________________ DATE ______________

ORIGINAL INSPECTOR/SALES MAN ________________________________

ORIGINAL TREAT ER ________________________________

PEST (S) TREATED FOR ________________________________

PESTICIDE(S) USED ________________________________

CONTRACT PAID UP AND IN FORCE ___________________________ DATE OF LAST REINSPECTION ______________

HAS THE PROPERTY OWNER OR HIS AGENT COMPLAINED TO YOU? ______ WHEN? ______________

BY TELEPHONE ___________________________ BY LETTER ___________________________ IN PERSON ______________

DO YOU CONSIDER THIS A VALID COMPLAINT? ___________________________ (IF NOT, EXPLAIN BELOW)

WHAT ACTION WAS OR IS BEING TAKEN TO SATISFY THE PROPERTY OWNER’S COMPLAINT? EXPLAIN.

I certify that the above information is true and correct to the best of my knowledge and belief.

DATE: ___________________________ SIGNATURE: ___________________________

TITLE: ___________________________