Notice of Treatment

Applicator Florida Pest Control & Chemical Co.

Address

City Phone

Site Location Subdivision

Lot# Block# Permit#

Address

AREAS TREATED

Area Treated	Date	Time	Gal.	Print Technician's Name
Main Body			375	
Patio/s #			375	
Stoop/s #				
Porch/s #			# 21714	
Brick Veneer				
Extension Walls				
A/C Pad				
Walk/s #				
Exterior of Foundation				
Driveway Apron				
Out Building				
Tub Trap/s				
(Other)				

Name of Product Applied ____%

Remarks

Applicator - White • Permit File - Canary • Permit Holder - Pink