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New Construction Subterranean Termite Sec ice Record his form is completed by the licensed Pest Control Company his form is completed by the licensed Pest Control Company his form is completed by the licensed Pest Control Company his form is completed by the licensed Pest Control Company his formation ability that is calculated in information in a completing burden for visional and information in the performation of information in information and to complete the control of information. This information appropriate accordance in the control of information information and complete the control of information information and completing the control of information information and completing the control of information and information in the control of information information and complete the control of information and information and control of information information and information
is required to obtain benefits. HUD may not collect this monitorious, and you can be deferred to obtain benefits. HUD may not collect this monitorious must be fee of termite hazards. This information collection requires the builder goardness that the stacked area against Section 24 CFR 20032640(s) requires that the stacked can against a goardness that the trained required trainings, and that the builder guarantees the treated area against to certify that an authorized Pest Control company performed all required thereis, and HUD as a record of treatment for specific homes will use the infeatment for specific homes will use the infeatment is not considered confidential, therefore, no assurance of confidentially is provided.
Information consecutions are incommented by the builder on proposed (new) constitution cases when treatment for prevention of subternanean. This report is submitted on informational purposes to the builder, and little and incompany and builder, unless stated otherwise.
Section 1: General Information (Pest Control Company Information) Company Name. Aspen Pest Control, Inc. Company Address <u>P.O. Box 1795</u> Company Business License No. <u>18182948</u> Company Phone No. <u>386-755-3611</u> Company Business License No. <u>18182948</u>
Section 2: Builder Information Company Name Record Double Company Name Reco
Section 3: Property Information Location of Structure (s) Treated (Street Address or Legal Description, City, State and Zip) Over Chrit. Full Structure (s) Treated Address or Legal Description, City, State and Zip)
Section 4: Service Information Date(s) of Service(s) Type of Construction (More than one box may be checked) Bissoment Crawl Other
Check at that apply. If A. Soil Applied Liquid Termitoide Brand Name of Termitoide Approx. Total Gallons Mix Applied: W. 250 Treatment completed on exterior. If Yes. Its No. Brand Name of Termitoide
U. Det Gystem fragued Name of System O. Physical Barnet System Installed Attach installation information (required) Attach installation information (required)
Service Agreement Available? Id Yes Do No Note: Some state law. Note: Some state laws require service agreements to be issued. This form does not preempt state law. Attachments (List).
Comments 1390 S.£
Name of Applicator(s) Name of Applicator(s) The applicator has used a product in accordance with the product label and state requirements. All materials and methods used comply with state and federal regulations.
Authorized Signature Hanglet Orientering Date 38.005
Warning: HUD will prosecute false clarms and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)