## CORPORATE HEADQUARTERS:

P.O. BOX 5369 116 N.W. 16TH AVENUE GAINESVILLE, FL 32627-5369

(352) 376-2661 FAX (352) 376-2791

SCIENTIFIC PEST CONTROL DIRECTED BY GRADUATE ENTOMOLOGISTS

Complete Pest Control Service Member Florida & National Pest Control Associations

Reply: 536 SE Baya Dr Lake City, FL 32025 Phone (386) 752-1703 Fax (386) 752-0171

F-018750 Pam/Paul Richter 249 SW Grassland Way Lake City, FI 32024

www.flapest.com

TERMITE TRI	EATMENT CERTIFICATION
Owner:	Permit Number:
Pam/Paul Richter	39601
Lot:	Block:
Subdivision:	Street Address:  249 SW Grassland Way
City:	County:
Lake City	Columbia
General Contractor:	Area Treated:
Chris Mill Homes	Dwelling
Date:	Time:
01/18/2021	Applicator ID Number:
Name of applicator	
Chris Griffin	JE290943
Product Used: Active Ingredient: % Concentrat	ion Number of gallons used:
Premise: Imidacloprid: 0.05%	203

Method of termite prevention treatment: Soil treatment The building has received a complete treatment for the prevention of subterranean termites. Treatment is in accordance with rules and laws established by the Florida Department of Agriculture and Consumer Services. This form is proof of complete treatment for Certificate of Occupancy or Closing.

## THIS IS PROOF OF WARRANTY

Warranty and Treatment Certific	cations Have Been Issued.
THE TAIL AND THE T	Date:

Authorized Signature:	Date:
Div. 4.11	philron

## **BRANCHES**: