



# EMERGENCY WAIVER

I affirm that an emergency pest control service is required due to the imminent hazard to health or property or an imminent infestation and that only the localized area of the emergency has been treated.

Customer Name: \_\_\_\_\_

Property Name: \_\_\_\_\_

Customer Address: \_\_\_\_\_

\_\_\_\_\_

Customer Telephone: \_\_\_\_\_

Date of Treatment: \_\_\_\_\_

Target Pest: \_\_\_\_\_

Reason for Emergency Treatment: \_\_\_\_\_

\_\_\_\_\_

Signature of Customer \_\_\_\_\_

Signature of Certified Applicator \_\_\_\_\_