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# PROPOSAL INFORMATION SHEET

**Premises:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Alt \_\_\_\_\_

Property Manager: .....

No Of Units On Property: .....

No Of Units Per Building/ Floor: .....

No Of Visits Per Month: .....

No Of Units Per Visit: (Rotary).....

(Request).....

Type Of Treatment Requested:

- ❖ General Pest Control
  
- ❖ One Time Special Treatment
  
- ❖ Flexible Treatment

Additional Request: .....

Referral If Any: .....