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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: