



PRE-TREAT LETTER

Pest Control Company: _____

Address: _____

PCO's State Business License: _____

Property Owner or Contractor: _____

Contractor's mailing address: _____

Treatment Site: _____

Street address of Site: _____

Treatment Date(s): _____

Price Charged for Pre-treat: _____

Foundation (Check one): Slab _____ Crawlspace: _____

Area of Building (square feet): _____

Perimeter of Building (Linear Feet): _____

Chemical (termicide) used: _____

Rate (% concentration): _____

Gallons of termicide used: _____